

Vendor: AUTOMATED-Automated Logic Contracting Services Inc.
Automated Logic- Pennsylvania PO Box 403257 ATLANTA GA 30384

Pymt # 0010029917
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
12HA26009R	08/27/2026 2700000325	27166.67 10-2620-432-000-10-200-000-026-0000	2026-2027 Service Contract-Ann
12HA26009R	08/27/2026 2700000325	27166.66 10-2620-432-000-20-500-000-026-0000	2026-2027 Service Contract-Ann
12HA26009R	08/27/2026 2700000325	27166.67 10-2620-432-000-30-800-000-026-0000	2026-2027 Service Contract-Ann
Payment Amount:		81500.00	

Vendor: AUTOMATED-Automated Logic Contracting Servi
Automated Logic- Pennsylvania PO Box 403257 ATLANTA GA 30384

Pymt # 0010029917
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
12HA26009R	08/27/2026 2700000325	27166.67 10-2620-432-000-10-200-000-026-0000	2026-2027 Service Contract-Ann
12HA26009R	08/27/2026 2700000325	27166.66 10-2620-432-000-20-500-000-026-0000	2026-2027 Service Contract-Ann
12HA26009R	08/27/2026 2700000325	27166.67 10-2620-432-000-30-800-000-026-0000	2026-2027 Service Contract-Ann
Payment Amount:		81500.00	

0010029917

08/28/2026

*****81,500.00

PAY Eighty-One Thousand Five Hundred and 00/100 Dollars

To the Order of:

Automated Logic Contracting Services Inc.
Automated Logic- Pennsylvania
PO Box 403257
ATLANTA GA 30384-3257

NON-NEGOTIABLE

AutomatedLogic

Automated Logic - Pennsylvania
1011 Alcon Street
Pittsburgh, PA 15220
Tel: (412) 444-0400

8/24
CONTRACT INVOICE:
654481

BILL TO:

12LEHIG001
Lehigh Area School District
[REDACTED]
1000 Union Street
LEHIGHTON, PA 18235

PAID**AUG 28 2026****SERVICE AT:**

Site Name: Lehigh ASD
Lehigh Area School District
[REDACTED]
1000 Union Street
LEHIGHTON, PA US 18235

INVOICE DATE	PAYMENT TERMS	CUSTOMER PO	REFERENCE #
07/30/2026	Net 30 days	Signed Contract	[REDACTED]

ITEM ID	DESCRIPTION	QTY	UNIT PRICE	EXT PRICE
SERVICE CONTRACT	Annual Billing: 7/1/26-6/30/27	1.00	81,500.00	81,500.00

	Sales Total	81,500.00
	Current Sales Tax	0.00
	Tax Rate:	0.00
	Net Amount	81,500.00

Please Remit To:

Automated Logic Contracting
Services Automated Logic -
Pennsylvania

P.O. Box 403257
Atlanta, GA 30384-3257

Vendor: BOROUGH O-Borough of Lehigh
1 Constitution Avenue PO Box 29 LEHIGHTON PA 18235-0000

Pymt # 0010029918
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
Payment Amount:		64578.23	
SEE PAYMENT DETAIL LISTING			

Vendor: BOROUGH O-Borough of Lehigh
1 Constitution Avenue PO Box 29 LEHIGHTON PA 18235-0000

Pymt # 0010029918
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
Payment Amount:		64578.23	
SEE PAYMENT DETAIL LISTING			

0010029918

08/28/2026

*****64,578.23

PAY Sixty-Four Thousand Five Hundred Seventy-Eight and 23/100 Dollars

To the Order of:

Borough of Lehigh
1 Constitution Avenue
PO Box 29
LEHIGHTON PA 18235-0000

NON-NEGOTIABLE



Payment Detail Listing

Borough of Lehigh (BOROUGH O)
1 Constitution Avenue
PO Box 29
LEHIGHTON PA 18235-0000

Payment Number: 0010029918
Payment Date: 08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
JULY 2026	08/07/2026	330.68 10-2620-622-000-20-120-000-026-0000	OLD STADIUM ELECTRIC
JULY 2026	08/07/2026	289.80 10-2620-424-000-30-120-000-026-0000	NEW STADIUM W&S
JULY 2026	08/07/2026	1325.07 10-2620-622-000-30-120-000-026-0000	NEW STADIUM ELECTRIC
JULY 2026	08/07/2026	15.00 10-2620-622-000-30-120-000-026-0000	BASEBALL FIELD
JULY 2026	08/07/2026	1052.18 10-2620-424-000-30-800-000-026-0000	HS W&S
JULY 2026	08/07/2026	15.00 10-2620-622-000-00-000-000-026-0000	9TH ST SIGN
JULY 2026	08/07/2026	1426.07 10-2620-424-000-20-500-000-026-0000	MS W&S
JULY 2026	08/07/2026	127.01 10-2620-350-000-20-500-000-026-0000	MS FIRE PROTECTION
JULY 2026	08/07/2026	15293.72 10-2620-622-000-20-500-000-026-0000	MS W&S
JULY 2026	08/07/2026	15542.19 10-2620-622-000-30-800-000-026-0000	HS ELECTRIC
JULY 2026	08/07/2026	127.01 10-2620-350-000-10-200-000-026-0000	EC FIRE PROTECTION
JULY 2026	08/07/2026	1566.47 10-2620-424-000-10-200-000-026-0000	EC W&S
JULY 2026	08/07/2026	25101.06 10-2620-622-000-10-200-000-026-0000	EC ELECTRIC
JULY 2026	08/07/2026	138.00 10-2620-424-000-00-100-000-026-0000	ADMIN W&S
JULY 2026	08/07/2026	2208.97 10-2620-622-000-00-100-000-026-0000	ADMIN ELECTRIC
JULY 2026	08/07/2026	20.00 10-2620-622-000-00-000-000-026-0000	STREET LIGHTS
Payment Amount:		64578.23	

**BOROUGH OF LEHIGHTON**

1 Constitution Avenue
PO BOX 29
Lehigh, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: STREET LIGHTS
BILLING DATE: 08/07/26
DUE DATE: 08/27/26

AMOUNT DUE

LAST PAYMENT: DATE: 02/03/26 AMOUNT: 101.99
WATER PREVIOUS BALANCE: 0.00
SEWER PREVIOUS BALANCE: 0.00
ELECTRIC PREVIOUS BALANCE: 18.01
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 20.00
IF PAID ON OR BEFORE 08/27/26: 38.01
IF PAID AFTER 08/27/26: 38.01

1002987

CURRENT METER ACTIVITY

	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
ELECTRIC		0	0	0

PAID**AUG 28 2026****CURRENT CHARGES DETAIL**

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	POLE LIGHTS		20.00

SPECIAL MESSAGE

Electric Usage History

Jul 2025 Aug 2025 Sep 2025 Oct 2025 Nov 2025 Dec 2025 Jan 2026 Feb 2026 Mar 2026 Apr 2026 May 2026 Jun 2026 Jul 2026

PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT**ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: STREET LIGHTS
BILLING DATE: 08/07/26

AMOUNT DUE

DUE DATE: 08/27/26
IF PAID ON OR BEFORE 08/27/26: 38.01
IF PAID AFTER 08/27/26: 38.01

**AMOUNT ENCLOSED****20.00****MAKE CHECKS PAYABLE TO:**

LEHIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEHIGHTON, PA 18235

LASD - STREET LIGHTS
1000 UNION ST
LEHIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEHIGHTON**

1 Constitution Avenue
PO BOX 29
Lehigh, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: 1000 UNION ST
BILLING DATE: 08/12/26
DUE DATE: 09/01/26

AMOUNT DUE

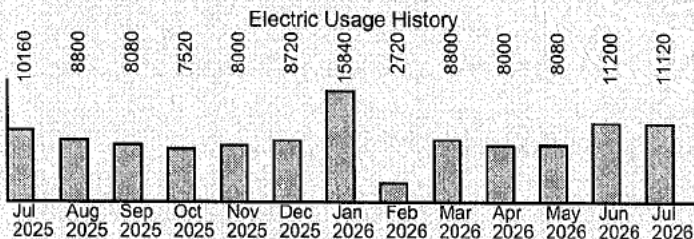
LAST PAYMENT: DATE: 08/10/26 AMOUNT: 2,213.56
WATER PREVIOUS BALANCE: 0.00
SEWER PREVIOUS BALANCE: 0.00
ELECTRIC PREVIOUS BALANCE: 0.00
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 2,208.97
IF PAID ON OR BEFORE 09/01/26: 2,208.97
IF PAID AFTER 09/01/26: 2,208.97

CURRENT METER ACTIVITY

	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
ELECTRIC	01104489	07/08/26 49365	08/07/26 49504	11120

PAID**AUG 28 2026****CURRENT CHARGES DETAIL**

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	GS - ELECTRIC		1,845.35
1.00	PPAC (.0327)		363.62

SPECIAL MESSAGE

Handwritten signature
8-27-26

PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT**ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: 1000 UNION ST
BILLING DATE: 08/12/26

AMOUNT DUE

DUE DATE: 09/01/26
IF PAID ON OR BEFORE 09/01/26: 2,208.97
IF PAID AFTER 09/01/26: 2,208.97

**AMOUNT ENCLOSED**

2208.97

MAKE CHECKS PAYABLE TO:

LEHIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEHIGHTON, PA 18235

LASD - ADMIN BLDG
1000 UNION ST
LEHIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEIGHTON**

1 Constitution Avenue
PO BOX 29
Leighton, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: 1000 UNION ST
BILLING DATE: 08/12/26
DUE DATE: 09/01/26

AMOUNT DUE

LAST PAYMENT: DATE: 08/10/26 AMOUNT: 152.95
WATER PREVIOUS BALANCE: 0.00
SEWER PREVIOUS BALANCE: 0.00
ELECTRIC PREVIOUS BALANCE: 0.00
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 138.00
IF PAID ON OR BEFORE 09/01/26: 138.00
IF PAID AFTER 09/01/26: 138.00

CURRENT METER ACTIVITY

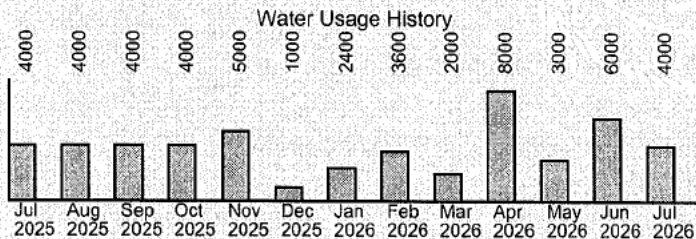
	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
WATER	01546145	07/08/26 6840	08/07/26 6880	4000

PAID

AUG 28 2026

CURRENT CHARGES DETAIL

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	1C1 - WATER		82.00
1.00	5/8C1 - SEWER		56.00

SPECIAL MESSAGE**PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT****ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: 1000 UNION ST
BILLING DATE: 08/12/26

AMOUNT DUE

DUE DATE: 09/01/26
IF PAID ON OR BEFORE 09/01/26: 138.00
IF PAID AFTER 09/01/26: 138.00

**AMOUNT ENCLOSED**

138.00

MAKE CHECKS PAYABLE TO:

LEIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEIGHTON, PA 18235

LASD - ADMIN BLDG
1000 UNION ST
LEIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEHIGHTON**

1 Constitution Avenue
PO BOX 29
Lehigh, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: 3 INDIAN LANE
BILLING DATE: 08/12/26
DUE DATE: 09/01/26

AMOUNT DUE

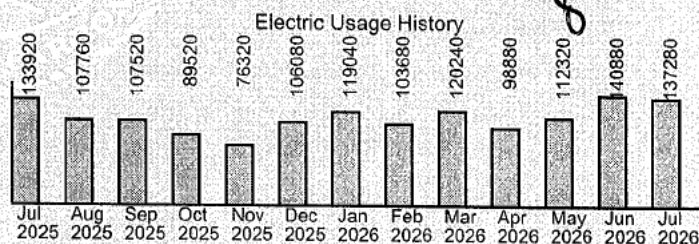
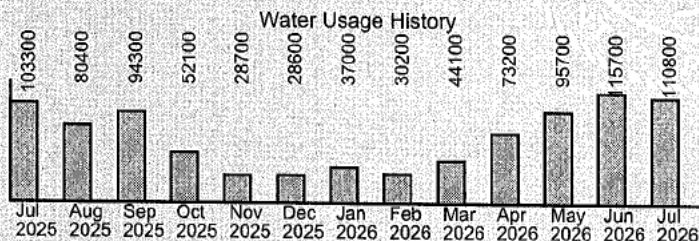
LAST PAYMENT: DATE: 08/10/26 AMOUNT: 27,232.15
WATER PREVIOUS BALANCE: 0.00
SEWER PREVIOUS BALANCE: 0.00
ELECTRIC PREVIOUS BALANCE: 0.00
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 26,667.53
IF PAID ON OR BEFORE 09/01/26: 26,667.53
IF PAID AFTER 09/01/26: 26,667.53

CURRENT METER ACTIVITY

	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
WATER	64528999	07/08/26 66002	08/07/26 67110	110800
ELECTRIC	02657021	07/08/26 37979	08/07/26 38551	137280

PAID**AUG 28 2026****CURRENT CHARGES DETAIL**

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	4 - WATER		1,097.27
1.00	SEWER		469.20
1.00	GS2 - ELECTRIC		20,612.00
1.00	PPAC (.0327)		4,489.06

SPECIAL MESSAGE**PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT****ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: 3 INDIAN LANE
BILLING DATE: 08/12/26

AMOUNT DUE

DUE DATE: 09/01/26
IF PAID ON OR BEFORE 09/01/26: 26,667.53
IF PAID AFTER 09/01/26: 26,667.53

**AMOUNT ENCLOSED****26667.53****MAKE CHECKS PAYABLE TO:**

LEHIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEHIGHTON, PA 18235

LASD - ELEMENTARY CENTER
1000 UNION ST
LEHIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEHIGHTON**

1 Constitution Avenue
PO BOX 29
Lehighon, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: [REDACTED]
BILLING DATE: 08/19/26
DUE DATE: 09/08/26

AMOUNT DUE

LAST PAYMENT: DATE: 08/10/26 AMOUNT: 127.01
WATER PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 127.01
IF PAID ON OR BEFORE 09/08/26: 127.01
IF PAID AFTER 09/08/26: 127.01

CURRENT METER ACTIVITY

Meter Num	PREVIOUS READING	CURRENT READING	USAGE
-----------	------------------	-----------------	-------

PAID

AUG 28 2026

CURRENT CHARGES DETAIL

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	FIRE PROTECTION		127.01

SPECIAL MESSAGE**PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT****ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: 3 INDIAN LANE
BILLING DATE: 08/19/26

AMOUNT DUE

DUE DATE: 09/08/26
IF PAID ON OR BEFORE 09/08/26: 127.01
IF PAID AFTER 09/08/26: 127.01

**AMOUNT ENCLOSED**

127.01

MAKE CHECKS PAYABLE TO:

LEHIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEHIGHTON, PA 18235

LASD - ELEMENTARY CENTER
1000 UNION ST
LEHIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEIGHTON**

1 Constitution Avenue
PO BOX 29
Leighton, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: 1 INDIAN LANE
BILLING DATE: 08/07/26
DUE DATE: 08/27/26

AMOUNT DUE

LAST PAYMENT: DATE: 07/07/26 AMOUNT: 16,562.20
WATER PREVIOUS BALANCE: 619.85
SEWER PREVIOUS BALANCE: 250.00
ELECTRIC PREVIOUS BALANCE: 13,756.52
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 16,594.37
IF PAID ON OR BEFORE 08/27/26: 31,220.74
IF PAID AFTER 08/27/26: 31,220.74

CURRENT METER ACTIVITY

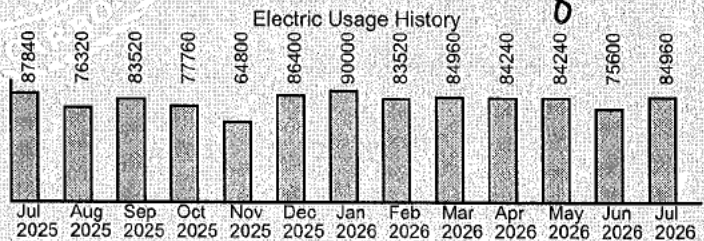
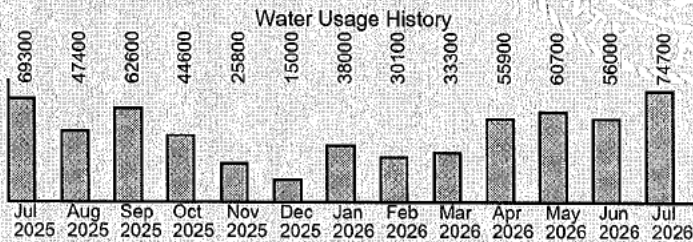
	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
WATER	63541125	07/01/26 51683	08/03/26 52430	74700
ELECTRIC	01025005	07/01/26 61027	08/03/26 61145	84960

PAID

AUG 28 2026

CURRENT CHARGES DETAIL

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	3C2 - WATER		727.38
1.00	SEWER		324.80
1.00	GS2 - ELECTRIC		12,764.00
1.00	PPAC (.0327)		2,778.19

SPECIAL MESSAGE**PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT****ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: 1 INDIAN LANE
BILLING DATE: 08/07/26

AMOUNT DUE

DUE DATE: 08/27/26
IF PAID ON OR BEFORE 08/27/26: 31,220.74
IF PAID AFTER 08/27/26: 31,220.74

**AMOUNT ENCLOSED**

16594.37

MAKE CHECKS PAYABLE TO:

LEIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEIGHTON, PA 18235

LASD - HIGH SCHOOL
1000 UNION ST
LEIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEHIGHTON**

1 Constitution Avenue
PO BOX 29
Lehigh, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: 301 BEAVER RUN RD
BILLING DATE: 08/07/26
DUE DATE: 08/27/26

AMOUNT DUE

LAST PAYMENT: DATE: 07/07/26 AMOUNT: 13,153.40
WATER PREVIOUS BALANCE: 0.00
SEWER PREVIOUS BALANCE: 0.00
ELECTRIC PREVIOUS BALANCE: 13,538.48
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 15,293.72
IF PAID ON OR BEFORE 08/27/26: 28,832.20
IF PAID AFTER 08/27/26: 28,832.20

pd
615240
1029787

CURRENT METER ACTIVITY

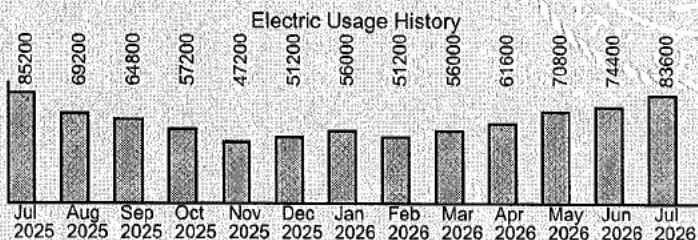
	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
ELECTRIC	01040249	07/01/26 66079	08/03/26 66288	83600

PAID

AUG 28 2026

CURRENT CHARGES DETAIL

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	GS2 - ELECTRIC		12,560.00
1.00	PPAC (.0327)		2,733.72

SPECIAL MESSAGE

8-27-26

PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT**ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: 301 BEAVER RUN RD
BILLING DATE: 08/07/26

AMOUNT DUE

DUE DATE: 08/27/26
IF PAID ON OR BEFORE 08/27/26: 28,832.20
IF PAID AFTER 08/27/26: 28,832.20

**AMOUNT ENCLOSED**

15293.72

MAKE CHECKS PAYABLE TO:

LEHIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEHIGHTON, PA 18235

LASD - MIDDLE SCHOOL
1000 UNION ST
LEHIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEHIGHTON**

1 Constitution Avenue
PO BOX 29
Lehigh, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: MIDDLE SCHOOL
BILLING DATE: 08/19/26
DUE DATE: 09/08/26

AMOUNT DUE

LAST PAYMENT: DATE: 08/10/26 AMOUNT: 127.01
WATER PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 127.01
IF PAID ON OR BEFORE 09/08/26: 127.01
IF PAID AFTER 09/08/26: 127.01

CURRENT METER ACTIVITY

Meter Num	PREVIOUS READING	CURRENT READING	USAGE
-----------	------------------	-----------------	-------

PAID

AUG 28 2026

CURRENT CHARGES DETAIL

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	FIRE PROTECTION		127.01

SPECIAL MESSAGE**PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT****ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: MIDDLE SCHOOL
BILLING DATE: 08/19/26

AMOUNT DUE

DUE DATE: 09/08/26
IF PAID ON OR BEFORE 09/08/26: 127.01
IF PAID AFTER 09/08/26: 127.01

**AMOUNT ENCLOSED**

127.01

MAKE CHECKS PAYABLE TO:

LASD - MIDDLE SCHOOL
1000 UNION ST
LEHIGHTON, PA 18235

LEHIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEHIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEHIGHTON**

1 Constitution Avenue
PO BOX 29
Lehigh, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: MIDDLE SCHOOL
BILLING DATE: 08/07/26
DUE DATE: 08/27/26

AMOUNT DUE

LAST PAYMENT: DATE: 07/07/26 AMOUNT: 1,262.27
WATER PREVIOUS BALANCE: 907.52
SEWER PREVIOUS BALANCE: 337.20
ELECTRIC PREVIOUS BALANCE: 0.00
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 1,426.07
IF PAID ON OR BEFORE 08/27/26: 2,670.79
IF PAID AFTER 08/27/26: 2,670.79

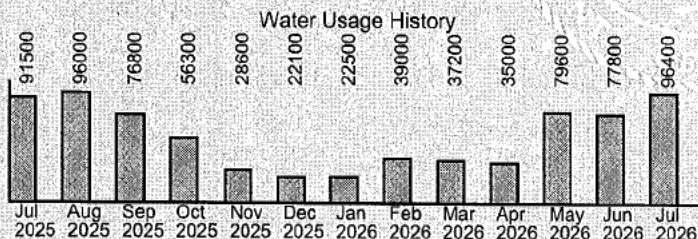
8/15/26
1029787

CURRENT METER ACTIVITY

	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
WATER	54505922	07/01/26 67847	08/03/26 68811	96400

PAID**AUG 28 2026****CURRENT CHARGES DETAIL**

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	4 - WATER		1,014.47
1.00	SEWER		411.60

SPECIAL MESSAGE

8.27.26

PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT**ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: MIDDLE SCHOOL
BILLING DATE: 08/07/26

AMOUNT DUE

DUE DATE: 08/27/26
IF PAID ON OR BEFORE 08/27/26: 2,670.79
IF PAID AFTER 08/27/26: 2,670.79

**AMOUNT ENCLOSED**

1426.07

MAKE CHECKS PAYABLE TO:

LASD - MIDDLE SCHOOL
1000 UNION ST
LEHIGHTON, PA 18235

LEHIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEHIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT



BOROUGH OF LEHIGHTON
1 Constitution Avenue
PO BOX 29
Lehigh, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: 9TH & UNION STS
BILLING DATE: 08/12/26
DUE DATE: 09/01/26

AMOUNT DUE

LAST PAYMENT: DATE: 08/10/26 AMOUNT: 15.00
WATER PREVIOUS BALANCE: 0.00
SEWER PREVIOUS BALANCE: 0.00
ELECTRIC PREVIOUS BALANCE: 0.00
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 15.00
IF PAID ON OR BEFORE 09/01/26: 15.00
IF PAID AFTER 09/01/26: 15.00

CURRENT METER ACTIVITY

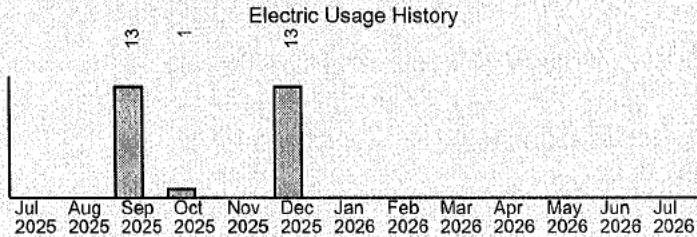
	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
ELECTRIC	99691269	07/08/26 43	08/07/26 43	0

PAID
AUG 28 2026

CURRENT CHARGES DETAIL

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	GS - ELECTRIC		15.00

SPECIAL MESSAGE



[Handwritten signature]
8-27-26

PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: 9TH & UNION STS
BILLING DATE: 08/12/26

AMOUNT DUE

DUE DATE: 09/01/26
IF PAID ON OR BEFORE 09/01/26: 15.00
IF PAID AFTER 09/01/26: 15.00



AMOUNT ENCLOSED

15.00

MAKE CHECKS PAYABLE TO:

LEHIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEHIGHTON, PA 18235

LASD - LIGHTED SIGN
1000 UNION ST
LEHIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEHIGHTON**

1 Constitution Avenue
PO BOX 29
Lehigh, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: BASEBALL FIELD
BILLING DATE: 08/12/26
DUE DATE: 09/01/26

AMOUNT DUE

LAST PAYMENT: DATE: 08/10/26 AMOUNT: 15.00
WATER PREVIOUS BALANCE: 0.00
SEWER PREVIOUS BALANCE: 0.00
ELECTRIC PREVIOUS BALANCE: 0.00
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 15.00
IF PAID ON OR BEFORE 09/01/26: 15.00
IF PAID AFTER 09/01/26: 15.00

CURRENT METER ACTIVITY

	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
ELECTRIC	55568736	07/08/26 23776	08/07/26 23776	0

PAID

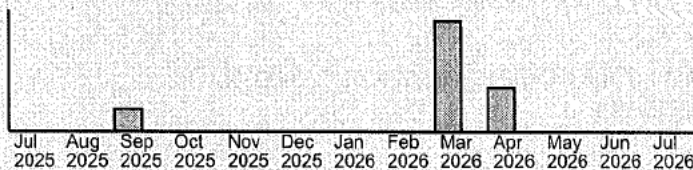
AUG 28 2026

CURRENT CHARGES DETAIL

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	GS - ELECTRIC		15.00

SPECIAL MESSAGE

Electric Usage History



[Handwritten signature]
8-27-26

PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT**ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: BASEBALL FIELD
BILLING DATE: 08/12/26

AMOUNT DUE

DUE DATE: 09/01/26
IF PAID ON OR BEFORE 09/01/26: 15.00
IF PAID AFTER 09/01/26: 15.00

**AMOUNT ENCLOSED**

15.00

MAKE CHECKS PAYABLE TO:

LASD - BASEBALL FIELD
1000 UNION ST
LEHIGHTON, PA 18235

LEHIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEHIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEIGHTON**

1 Constitution Avenue
PO BOX 29
Leighton, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: NEW STADIUM
BILLING DATE: 08/12/26
DUE DATE: 09/01/26

AMOUNT DUE

LAST PAYMENT: DATE: 08/10/26 AMOUNT: 1,955.43
WATER PREVIOUS BALANCE: 0.00
SEWER PREVIOUS BALANCE: 0.00
ELECTRIC PREVIOUS BALANCE: 0.00
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 1,614.87
IF PAID ON OR BEFORE 09/01/26: 1,614.87
IF PAID AFTER 09/01/26: 1,614.87

CURRENT METER ACTIVITY

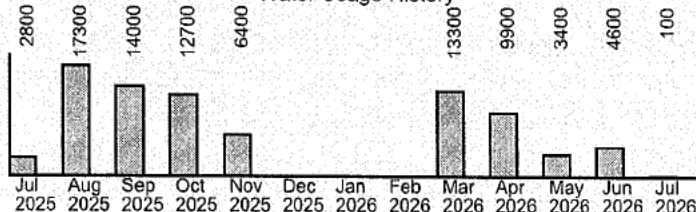
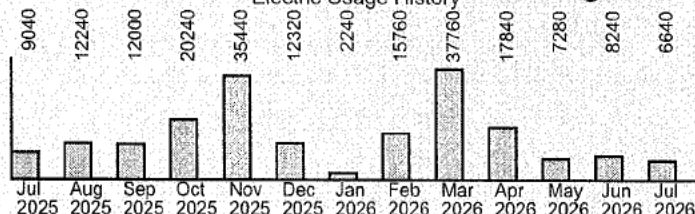
	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
WATER	0026074607	07/09/26 0	08/07/26 1	100
ELECTRIC	05522126	07/08/26 25350	08/07/26 25433	6640

PAID**AUG 28 2026****CURRENT CHARGES DETAIL**

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	3C2 - WATER		289.80
1.00	GS - ELECTRIC		1,107.94
1.00	PPAC (.0327)		217.13

SPECIAL MESSAGE

[Handwritten signature]
8.27.26

Water Usage History**Electric Usage History****PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT****ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: NEW STADIUM
BILLING DATE: 08/12/26

AMOUNT DUE

DUE DATE: 09/01/26
IF PAID ON OR BEFORE 09/01/26: 1,614.87
IF PAID AFTER 09/01/26: 1,614.87

**AMOUNT ENCLOSED****1614.87****MAKE CHECKS PAYABLE TO:**

LEIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEIGHTON, PA 18235

LASD - NEW STADIUM
1000 UNION ST
LEIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

**BOROUGH OF LEHIGHTON**

1 Constitution Avenue
PO BOX 29
Lehigh, PA 18235
(610)377-4004

ACCOUNT INFORMATION

ACCOUNT NO: [REDACTED]
LOCATION: ATH FIELD (OLD)
BILLING DATE: 08/07/26
DUE DATE: 08/27/26

AMOUNT DUE

LAST PAYMENT: DATE: 07/07/26 AMOUNT: 223.10
WATER PREVIOUS BALANCE: 0.00
SEWER PREVIOUS BALANCE: 0.00
ELECTRIC PREVIOUS BALANCE: 281.97
GARBAGE PREVIOUS BALANCE: 0.00
CURRENT CHARGES: 330.68
IF PAID ON OR BEFORE 08/27/26: 612.65
IF PAID AFTER 08/27/26: 612.65

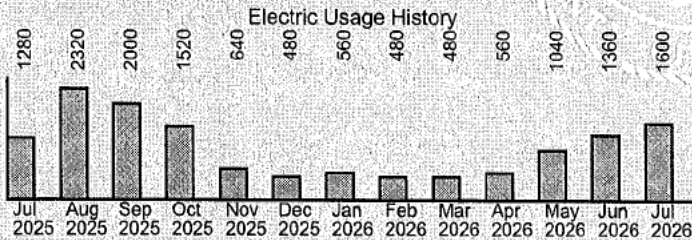
815.26
10029787

CURRENT METER ACTIVITY

	Meter Num	PREVIOUS READING	CURRENT READING	USAGE
ELECTRIC	01040267	07/01/26 8087	08/03/26 8107	1600

PAID**AUG 28 2026****CURRENT CHARGES DETAIL**

UNITS	DESCRIPTION	METER NUM	TOTAL
1.00	GS - ELECTRIC		278.36
1.00	PPAC (.0327)		52.32

SPECIAL MESSAGE

8.27.26

PAYMENT COUPON - PLEASE DETACH AND RETURN THIS PORTION ALONG WITH YOUR PAYMENT**ACCOUNT INFORMATION**

ACCOUNT NO: [REDACTED]
LOCATION: ATH FIELD (OLD)
BILLING DATE: 08/07/26

AMOUNT DUE

DUE DATE: 08/27/26
IF PAID ON OR BEFORE 08/27/26: 612.65
IF PAID AFTER 08/27/26: 612.65

**AMOUNT ENCLOSED**

330.68

MAKE CHECKS PAYABLE TO:

LASD - OLD ATH FIELD
1000 UNION ST
LEHIGHTON, PA 18235

LEHIGHTON BOROUGH
1 CONSTITUTION AVENUE
PO BOX 29
LEHIGHTON, PA 18235

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

Vendor: BSI-BSI Corporate Benefits, LLC
205 Webster St BETHLEHEM PA 18015

Pymt # 0010029919
08/28/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			1595.00		* Accrued A/P
SEE PAYMENT DETAIL LISTING					

Vendor: BSI-BSI Corporate Benefits, LLC
205 Webster St BETHLEHEM PA 18015

Pymt # 0010029919
08/28/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			1595.00		* Accrued A/P
SEE PAYMENT DETAIL LISTING					

0010029919
08/28/2026

*****1,595.00

PAY One Thousand Five Hundred Ninety-Five and 00/100 Dollars

To the Order of:

BSI Corporate Benefits, LLC
205 Webster St
BETHLEHEM PA 18015

NON-NEGOTIABLE



Payment Detail Listing

BSI Corporate Benefits, LLC (BSI)
205 Webster St
BETHLEHEM PA 18015

Payment Number: 0010029919
Payment Date: 08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
1717	08/17/2026	2.23 10-2140-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	2.71 10-1225-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	2.87 10-2140-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	3.19 10-2240-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	3.51 10-2250-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	3.51 10-2160-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	3.51 10-1110-281-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	3.51 10-1110-281-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	4.63 10-2839-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	5.10 10-1225-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	6.22 10-2140-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	6.86 10-2620-281-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	6.86 10-2120-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2611-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2514-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2440-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2440-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2360-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2250-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2170-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2160-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2160-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2125-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-2120-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-1801-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	7.82 10-1211-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	11.32 10-2620-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	11.32 10-2269-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	11.32 10-2120-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	11.80 10-3250-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	15.63 10-2440-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	15.63 10-2250-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	15.63 10-1225-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	17.23 10-2818-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	18.82 10-2513-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	19.14 10-1231-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	19.14 10-1110-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	23.45 10-2380-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	23.45 10-2380-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	23.45 10-1211-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	26.00 10-2620-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	26.64 10-2260-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	26.96 10-1231-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	26.96 10-0132-000-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	27.43 10-2380-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	30.46 10-2620-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	30.46 10-2620-271-000-00-000-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	30.46 10-1211-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	31.26 10-1231-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	49.60 10-1241-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	53.91 10-1241-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	66.03 10-1241-271-000-10-200-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	212.14 10-1110-271-000-20-500-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	225.53 10-1110-271-000-30-800-000-000-0000	HEALTHCARE-2025
1717	08/17/2026	337.46 10-1110-271-000-10-200-000-000-0000	HEALTHCARE-2025

Payment Amount:

1595.00

* Accrued A/P

INVOICE

BSI Corporate Benefits, LLC
205 Webster St.
Bethlehem, PA 18015

cfamstrom@bsicorporate.com
+1 (484) 821-1300
www.bsicorporate.com

8/24

BSI

CORPORATE BENEFITS
Meeting all your employee benefit needs

Bill to
Lehigh Area School District
[REDACTED]
1000 Union Street
Lehigh, PA 18235

PAID
AUG 28 2026

Invoice details

Period: 2025

Invoice no.: 1717
Terms: Net 30
Invoice date: 07/17/2026
Due date: 08/16/2026

Product/service	Description	Qty	Rate	Amount
1095 support and filing	1095 support and filing for 2025	1	\$1,595.00	\$1,595.00

Total \$1,595.00

Ways to pay

BANK

Overdue 08/16/2026

[View and pay](#)

Invoice #	Invoice Date PO #	Amount Account Code	Description
27-C7-0173	08/19/2026	43733.85 10-2513-348-000-00-000-000-025-0000	26/27 RENEWAL FIS SOFTWARE
Payment Amount:		43733.85	

Invoice #	Invoice Date PO #	Amount Account Code	Description
27-C7-0173	08/19/2026	43733.85 10-2513-348-000-00-000-000-025-0000	26/27 RENEWAL FIS SOFTWARE
Payment Amount:		43733.85	

0010029920
08/28/2026

*****43,733.85

PAY Forty-Three Thousand Seven Hundred Thirty-Three and 85/100 Dollars

To the Order of:

Central Susquehanna Intermedia
Attn: Business Office
90 Lawton Ln
MILTON PA 17847

NON-NEGOTIABLE



R CENTRAL SUSQUEHANNA IU
E BUSINESS OFFICE
M 90 LAWTON LANE
I MILTON, PA 17847
T
T Ph: 570-523-1155
O

INVOICE

Invoice #: 27-C7-0173

Date: 8/19/2026

Bldg: *Software Solutions*

C Attention/Dept: Mr Jason Moser
U LEHIGHTON AREA SCHOOL DISTRICT
S 1100 UNION STREET
T LEHIGHTON, PA 18235
O
M
E
R

8/27/26

S
H
I
P
T
O

PAID

AUG 28 2026

Email: jmoser@lehighton.org

Customer Code	Customer PO #	Invoice Description		
		Software Solutions (Annual Billing)		
Description	Quantity	U/M	Unit Price	Amount
FIS-Fund Accounting - Annual Flat Fee	1.00	FLATRT	830.00	830.00
FIS-Fund Accounting - Annual Subscription Rate (Tier 1)	1,500.00	STDNT	4.65	6,975.00
FIS-Fund Accounting - Annual Subscription Rate (Tier 2)	545.00	STDNT	2.36	1,286.20
FIS-Human Resources - Annual Flat Fee	1.00	FLATRT	550.00	550.00
FIS-Human Resources - Annual Subscription Rate (Tier 1)	2,045.00	STDNT	2.50	5,112.50
FIS-Payroll - Annual Flat Fee	1.00	FLATRT	550.00	550.00
FIS-Payroll - Annual Subscription Rate (Tier 1)	2,000.00	STDNT	5.37	10,740.00
FIS-Payroll - Annual Subscription Rate (Tier 2)	45.00	STDNT	2.62	117.90
SCView - Annual Flat Fee	1.00	FLATRT	850.00	850.00
SCView - Annual Subscription Rate (Tier 1)	1,800.00	STDNT	4.60	8,280.00
SCView - Annual Subscription Rate (Tier 2)	245.00	STDNT	1.05	257.25
SCView-Applicant Tracking/Hiring - Annual Flat Fee	1.00	FLATRT	1,500.00	1,500.00
SCView-Expenses/Mileage - Annual Flat Fee	1.00	FLATRT	695.00	695.00
SCView-Purchasing/Accounts Payable - Annual Subscription Rate	1.00	FLATRT	2,495.00	2,495.00
SCView-Staff Onboarding - Annual Subscription Rate	1.00	FLATRT	3,495.00	3,495.00
TOTAL:				43,733.85

Note:

INVOICE TERMS AND CONDITIONS

TERMS: NET THIRTY DAYS

Please note invoice number on check and remit to: CENTRAL SUSQUEHANNA INTERMEDIATE UNIT/ACCOUNTS RECEIVABLE DEPT.

The Central Susquehanna IU provides equal opportunity in all of its educational programs, activities and employment. In compliance with Title IX and section 504, no person will be subject to discrimination on the basis of sex, marital status, age, race, color, religion, national origin, creed or handicap.

ORIGINAL

Page 1 of 1

Vendor: [REDACTED]

Pymt # 0010029921
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 25-26	08/07/2026	165.00 10-2271-240-000-10-200-000-000-0000	GETTING "APPY" IN THE CLASSROO
TUITION 26-27	07/27/2026	165.00 10-2271-240-000-10-200-000-000-0000	GAME ON! ENHANCING MATH LEARNI
TUITION 26-27	07/27/2026	165.00 10-2271-240-000-10-200-000-000-0000	AI IN FORMATIVE ASSESSMENT & F
Payment Amount:		495.00	* Accrued A/P

Vendor: [REDACTED]

Pymt # 0010029921
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 25-26	08/07/2026	165.00 10-2271-240-000-10-200-000-000-0000	GETTING "APPY" IN THE CLASSROO
TUITION 26-27	07/27/2026	165.00 10-2271-240-000-10-200-000-000-0000	GAME ON! ENHANCING MATH LEARNI
TUITION 26-27	07/27/2026	165.00 10-2271-240-000-10-200-000-000-0000	AI IN FORMATIVE ASSESSMENT & F
Payment Amount:		495.00	* Accrued A/P

0010029921

08/28/2026

*****495.00

PAY Four Hundred Ninety-Five and 00/100 Dollars

To the Order of:

[REDACTED]

NON-NEGOTIABLE

[REDACTED]

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehigh.org

2

TO:

PAID

DATE: 7/27/2026

AUG 28 2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

2026-2027

Total: \$

165

Semester Hours: 3

College/University: Idaho State University

Name of Course:

A1 IN FORMATIVE ASSESSMENT +
FEEDBACK LOOPS

Grade:

WAWU PASS

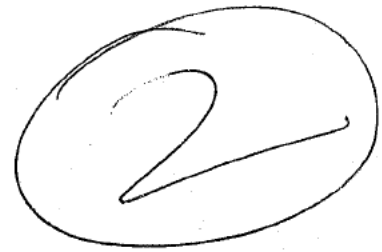
Acct Code:

EC Teacher 10-2271-240-000-10-200-005

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehigh.org



TO:



DATE: 7/27/2026

PAID

AUG 28 2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

2026-2027

Total:	\$ 130
Semester Hours:	3
College/University:	Idaho State University
Name of Course:	Game On! Enhancing Math Learning With Interactive and Engaging Practice
Grade:	Human PASS
Acct Code:	EC Teacher 10-2271-240-000-10-200-004

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehigh.org

TO:

DATE: 8/7/2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

2025-2026

Total:	\$165	PAID AUG 28 2026
Semester Hours:	3	
College/University:	Idaho State University	
Name of Course:	Getting "Appy" in the Classroom	
Grade:	Pass	
Acct Code:	EC Teacher 10-2271-240-000-10-200-034	

REQUEST FOR TUITION REIMBURSEMENT

Lehigh Area School District

Name [REDACTED] Building: EC School Year: 26-27

Course Information

PAID

AUG 28 2026

☒ Proof of prior approval for this course is attached.

Course #	Title of Course	College/University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
	Gettin Appy in the Classroom	Idaho State Albion Center	3	97.50	\$577.00	\$1651 ^{25/26}
	AI in formative assessment and Feedback Loops	Idaho State Albion Center	3	96.25	\$577.00	\$165
	Game On: Enhancing Math Learning With Interactive and Engaging Practice	Idaho State Albion Center	3	98.75	\$577.00	\$130

Additional Information

- ☒ Copy of proof of payment attached [Check or charge receipt is not acceptable]
☒ Copy of proof of grade attached

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: 8/5/26 Employee Signature [REDACTED]

FOR DAO USE

26-27
Grade ~~PASS~~ ~~100~~ % of \$ ~~165~~
Grade ~~PASS~~ ~~100~~ % of \$ ~~165~~
Grade ~~PASS~~ ~~100~~ % of \$ ~~130~~
Grade of "A" = 100%
Grade of "B" = 100%
Grade of "C" = 70%
Grade Below "C" = 00%
Pass/Fail = 100% for Pass

TOTAL TO BE PAID \$ 295

Date: 8/18/26 Superintendent's Signature [REDACTED]

Print

1309

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: Grade 4 teacher Building: Elementary Center

Present Degree/Step Level: ☐ Bachelors ☐ Earned Masters ☒ M+15 ☐ M+30 ☐ M+45
☐ Level I ☐ Level II

Name of Activity/Course: Game On! Enhancing Math Learning With Interactive and Engaging Practice

Date(s): From: 08/18/2026 To: 09/30/2026

Activity/Course given by: Idaho State Albion Center

PAID

Location: online self paced course

AUG 28 2026

School Year: 2026-2027 Cost (Tuition Only): \$ \$165.00

Program of Studies: coursework for MA+30

Employee's Signature: X [REDACTED] Date: 07/08/2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:
1) Grade Report
2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied – Reason: _____

Superintendent's Signature: X [REDACTED] Date: 7/27/26

Date of Board Approval: APPROVED JUL 27 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

1309

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: Grade 4 teacher Building: Elementary Center

Present Degree/Step Level: ☐ Bachelors ☐ Earned Masters ☒ M+15 ☐ M+30 ☐ M+45
☐ Level I ☐ Level II

Name of Activity/Course: AI in Formative Assessment and Feedback Loops

Date(s): From: 07/01/2026 To: 08/31/2026

Activity/Course given by: Idaho State University Albion Center Self Paced

Location: online

School Year: 2026-2027 Cost (Tuition Only): \$ \$165.00

Program of Studies: course work only

Employee's Signature: X [REDACTED] Date: 06/18/2026

PAID

AUG 28 2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied - Reason: _____

Superintendent's Signature: X [REDACTED] Date: 7/28/26

Date of Board Approval: APPROVED JUL 27 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

REQUEST FOR TUITION REIMBURSEMENT

Lehigh Area School District

Name [REDACTED] Building: EC School Year: 2025-26

Course Information

☒ Proof of prior approval for this course is attached.

Course #	Title of Course	College/University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
		PAID AUG 28 2026				
	Gettin Appy in the Classroom	Idaho State Albion Center	3	97.50	\$577.00	\$165
	AI in formative assessment and Feedback Loops	Idaho State Albion Center	3	98.25	\$577.00	\$165
	Game On: Enhancing Math Learning With Interactive and Engaging Practice	Idaho State Albion Center	3	98.75	\$577.00	\$130

Additional Information

- ☒ Copy of proof of payment attached [Check or charge receipt is not acceptable]
☒ Copy of proof of grade attached

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: 8/5/26 Employee Signature: [REDACTED]

FOR DAO USE

25-26
 Grade PASS 100 % of \$ 165 = \$ 165
 Grade PASS 100 % of \$ 165 = \$ 165
 Grade PASS 100 % of \$ 130 = \$ 130
 Grade of "A" = 100%
 Grade of "B" = 100%
 Grade of "C" = 70%
 Grade Below "C" = 00%
 Pass/Fail = 100%
 for Pass

TOTAL TO BE PAID \$ 165

Date: 2/18/26 Superintendent's Signature: [REDACTED]

Print

1309

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: Grade 4 teacher Building: Elementary Center

Present Degree/Step Level: ☐ Bachelors ☐ Earned Masters ☒ M+15 ☐ M+30 ☐ M+45
☐ Level I ☐ Level II

Name of Activity/Course: Getting "Appy" In the Classroom

Date(s): From: 06/01/2026 To: ~~08/01/2026~~ 6/20/26

Activity/Course given by: Idaho State University Albion Aubrey Eldridge

Location: Online-self paced graduate level course **PAID**

School Year: 2025-2026 Cost (Tuition Only): \$ \$165.00 AUG 28 2026

Program of Studies: Graduate work

Employee's Signature: X [REDACTED] Date: 06/01/2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied – Reason: _____

Superintendent's Signature: X [REDACTED] Date: 6/10/26

Date of Board Approval: APPROVED JUN 8 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

Vendor:

Pymt # 0010029922
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
REFUND	08/19/2026	122.50 10-5130-880-000-00-000-000-090-0000	OCCUPATION TAX-2025 REFUND
Payment Amount:		122.50	

Vendor:

Pymt # 0010029922
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
REFUND	08/19/2026	122.50 10-5130-880-000-00-000-000-090-0000	OCCUPATION TAX-2025 REFUND
Payment Amount:		122.50	

0010029922

08/28/2026

*****122.50

PAY One Hundred Twenty-Two and 50/100 Dollars

To the Order of:

NON-NEGOTIABLE

**LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST**

DATE: 8/19/26

AMOUNT: \$122.50

REQUEST A CHECK FROM General FUND PAYABLE TO:



PAID
AUG 28 2026

REASON: 2025 Occupation Refund – Retired

SIGNATURE OF REQUESTOR: _____

A handwritten signature in black ink, appearing to be a stylized 'R' or similar mark.

SIGNATURE OF BUSINESS ADMINISTRATOR: _____

A handwritten signature in black ink, appearing to be 'J. Smith' followed by a date '8/20/26'.

.....
ACCOUNT CODE(S):

DEBIT:

10-5130-880-000-00-000-000-090-0000 – \$122.50 - 2025 Occupation Refund –
Retired

- paid receipt

8-19-26
(Date)

Lehigh Area School District
Business Administrator
1000 Union St.
Lehigh, PA 18235

PAID

AUG 28 2026

Dear Sir:

I am requesting a refund of my 8-1-25
(Date of Tax Bill)

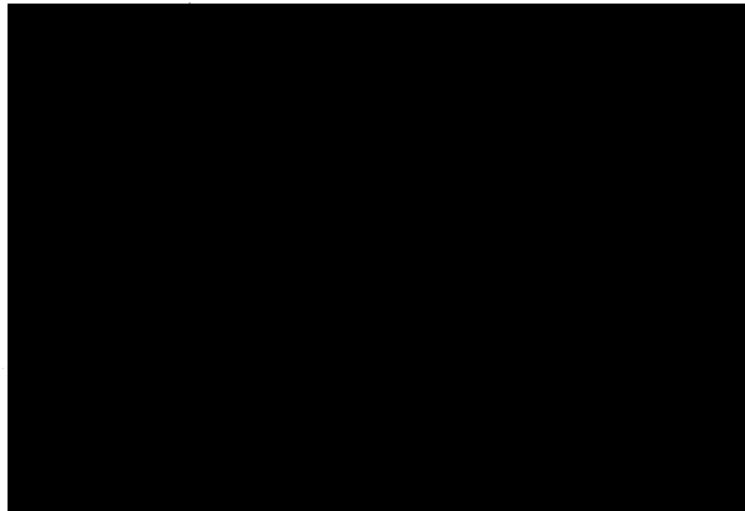
☒ Occupational Tax, ☐ Per Capita Tax, ☐ Real Estate Tax.

The tax was paid in error. As proof, I have attached a copy of my paid tax bill.

The reason for this request is I AM Retired

I have attached documents to prove my eligibility for a refund.

Thank you in advance for your consideration.



(Telephone number)

[Signature]
(Business Office Approval-Signature)

Vendor: EHRLICH-Ehrlich
PO Box 740608 CINCINNATI OH 45274-0608

Pymt # 0010029923
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
101083737	08/12/2026	95.44 10-2620-460-000-00-100-000-026-0000	EXTERMINATION-FEB-ADMIN-AUG
Payment Amount:		95.44	

Vendor: EHRLICH-Ehrlich
PO Box 740608 CINCINNATI OH 45274-0608

Pymt # 0010029923
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
101083737	08/12/2026	95.44 10-2620-460-000-00-100-000-026-0000	EXTERMINATION-FEB-ADMIN-AUG
Payment Amount:		95.44	

0010029923

08/28/2026

*****95.44

PAY Ninety-Five and 44/100 Dollars

To the Order of:

Ehrlich
PO Box 740608
CINCINNATI OH 45274-0608

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT
1000 Union St
Lehigh, PA 18235-1700

\$95.44

Bill To number:

PAID

AUG 28 2026

Invoice date:

8/12/2026



Invoice

Thank you for trusting EHRlich to protect your business. A summary of your services is listed below along with the total amount due. Pay by phone by calling 570-622-3760

EFFECTIVE August 5, 2026: NEW EHS SURCHARGE

To allow us to continue operating efficiently in a changing regulatory and safety environment, a new Environmental, Health, and Safety (EHS) Surcharge will be applied to each invoice you receive. Page 1 of 1

INVOICE DETAILS

PEST CONTROL MAINTENANCE

92.17

LEHIGHTON AREA SCHOOL DISTRICT

1000 UNION ST

DISTRICT ADMINISTRATION

LEHIGHTON, PA ON 8/12/2026

Environmental, Health and Safety Surcharge

3.27

LEHIGHTON AREA SCHOOL DISTRICT

1000 UNION ST

DISTRICT ADMINISTRATION

LEHIGHTON, PA ON 8/12/2026

10-2626-468-000-00-100-000024

SUBTOTAL: \$95.44

TOTAL DUE: \$95.44

[Handwritten signature]
8-26-26

Vendor: GEORGES01-George's Transportation Inc
84 Ashtown Dr LEHIGHTON PA 18235-0000

Pymt # 0010029924
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
2467	08/18/2026	150.00 10-2271-580-000-00-000-000-065-0000	ADMIN TOUR
2471	08/19/2026	100000.00 10-2720-513-000-00-000-000-090-0000	2026-27 SCHOOL YEAR START-UP C
2472	08/26/2026	84.84 10-2720-513-000-00-000-000-090-0000	FUEL ESCALATION JULY 2026
Payment Amount:		100234.84	

Vendor: GEORGES01-George's Transportation Inc
84 Ashtown Dr LEHIGHTON PA 18235-0000

Pymt # 0010029924
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
2467	08/18/2026	150.00 10-2271-580-000-00-000-000-065-0000	ADMIN TOUR
2471	08/19/2026	100000.00 10-2720-513-000-00-000-000-090-0000	2026-27 SCHOOL YEAR START-UP C
2472	08/26/2026	84.84 10-2720-513-000-00-000-000-090-0000	FUEL ESCALATION JULY 2026
Payment Amount:		100234.84	

0010029924

08/28/2026

*****100,234.84

PAY One Hundred Thousand Two Hundred Thirty-Four and 84/100 Dollars

To the Order of:

George's Transportation Inc
84 Ashtown Dr
LEHIGHTON PA 18235-0000

NON-NEGOTIABLE

George's Transportation Co., Inc.

84 Ashtown Drive
Lehigh, PA 18235 USA
+16103775511
lgbusing@georgesbusing.com



INVOICE

BILL TO
LASD
Lehigh Area School District
1000 Union Street
Lehigh, PA 18235

PAID
AUG 28 2026

INVOICE 2467
DATE 08/18/2026

ACTIVITY
Admin Tour

DATE	DESCRIPTION	QTY.	RATE	AMOUNT
08/12/2026	LASD Staff to tour District	1	150.00	150.00

SUBTOTAL	150.00
TAX	0.00
TOTAL	150.00

BALANCE DUE \$150.00
White Blount
8/18/26

George's Transportation Co., Inc.
84 Ashdown Drive
Lehighton, PA 18235 USA
+16103775511
lgbusing@georgasbusing.com

INVOICE

BILL TO

LASD

Lehigh Area School District
1000 Union Street
Lehigh, PA 18235

INVOICE # 2471

DATE 08/19/2026

PAID

AUG 28 2026

ACTIVITY

2026-27 School Year Start-Up

SERVICE	DESCRIPTION	DAYS	RATE	AMOUNT
---------	-------------	------	------	--------

Transportation	2026-27 School Year Start-Up Costs	1	100,000.00	100,000.00
----------------	------------------------------------	---	------------	------------

SUBTOTAL 100,000.00

TAX 0.00

TOTAL 100,000.00

BALANCE DUE **\$100,000.00**

10-2720-513-00-00-00-00-00-00-00-00

02/21/26

George's Transportation Co., Inc.
84 Ashtown Drive
Lehighton, PA 18235 USA
+16103775511

8/27



PAID

AUG 28 2026

INVOICE

BILL TO
LASD
Lehighton Area School District
1000 Union Street
Lehighton, PA 18235

INVOICE # 2472
DATE 08/26/2026

ACTIVITY
Fuel Escalation July 2026

SERVICE	DESCRIPTION	QTY	RATE	AMOUNT
Fuel Escalation	Fuel Escalation for July 2026	1	84.84	84.84

Please see the attached calculations.

SUBTOTAL	84.84
TAX	0.00
TOTAL	84.84
BALANCE DUE	\$84.84

10-2720-513-000-00-00-000-0000

21
8/27/26

George's Transportation Company, Inc.

Lehigh Area School District
2025-2026 School Year
July

PAID

AUG 28 2026

Fuel Escalation & De-escalation

Month	Disc. Price Per Gallon DIESEL GAS	Escalation Over \$3.809 De-escalation Under \$3.709 \$2.809	Gallons Used	Amount Due
July	\$4.94	\$1.131	65.91	\$74.54
	\$3.86	\$0.051	201.98	<u>\$10.30</u>
			Total Due	<u>\$84.84</u>

Vendor: HighmarkI-Highmark, Inc.
PO Box 223680 PITTSBURGH PA 15251-2680

Pymt # 0010029925
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
Payment Amount:		376.20	
SEE PAYMENT DETAIL LISTING			

Vendor: HighmarkI-Highmark, Inc.
PO Box 223680 PITTSBURGH PA 15251-2680

Pymt # 0010029925
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
Payment Amount:		376.20	
SEE PAYMENT DETAIL LISTING			

0010029925

08/28/2026

*****376.20

PAY Three Hundred Seventy-Six and 20/100 Dollars

To the Order of:

Highmark, Inc.
PO Box 223680
PITTSBURGH PA 15251-2680

NON-NEGOTIABLE



Payment Detail Listing

Highmark, Inc. (HighmarkI)
PO Box 223680
PITTSBURGH PA 15251-2680

Payment Number: 0010029925
Payment Date: 08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
A26082751057	08/27/2026	2.85 10-3250-271-000-00-000-000-0000	Athletics Medical Ins
A26082751057	08/27/2026	5.70 10-2818-271-000-00-000-000-0000	TECHNOLOGY MEDICAL
A26082751057	08/27/2026	5.70 10-2620-271-000-20-500-000-0000	Oper Bld Srvs Medical MS
A26082751057	08/27/2026	5.70 10-2620-271-000-10-200-000-0000	Maint. Medical Elementary
A26082751057	08/27/2026	2.85 10-2620-271-000-00-000-000-0000	Maintenance Group Benefits
A26082751057	08/27/2026	2.85 10-2611-271-000-00-000-000-0000	Maint Medical
A26082751057	08/27/2026	5.70 10-2513-271-000-00-000-000-0000	Business Medical
A26082751057	08/27/2026	2.85 10-2440-271-000-30-800-000-0000	NURSE MEDICAL HIGH SCHOOL
A26082751057	08/27/2026	2.85 10-2440-271-000-20-500-000-0000	NURSE MEDICAL MIDDLE SCHOOL
A26082751057	08/27/2026	2.85 10-2440-271-000-10-200-000-0000	NURSE MEDICAL Elemtry
A26082751057	08/27/2026	2.85 10-2380-271-000-30-800-000-0000	PRINCIPAL MEDICAL H/SCHOOL
A26082751057	08/27/2026	2.85 10-2380-271-000-20-500-000-0000	PRINCIPAL MEDICAL M/SCHOOL
A26082751057	08/27/2026	5.70 10-2380-271-000-10-200-000-0000	Principal Medical Elementary
A26082751057	08/27/2026	2.85 10-2360-271-000-00-000-000-0000	SUPER/ASST MEDICAL
A26082751057	08/27/2026	2.85 10-2269-271-000-00-000-000-012-0000	Special Ed Office Medical
A26082751057	08/27/2026	2.85 10-2260-271-000-00-000-000-000-0000	CURR/GRANT MEDICAL
A26082751057	08/27/2026	2.85 10-2250-271-000-30-800-000-000-0000	LIBRARIAN MEDICAL HIGH SCHOOL
A26082751057	08/27/2026	2.85 10-2250-271-000-20-500-000-000-0000	LIBRARIAN MEDICAL M/S
A26082751057	08/27/2026	2.85 10-2250-271-000-10-200-000-000-0000	Librarian Medical Elementary
A26082751057	08/27/2026	2.85 10-2170-271-000-00-000-000-000-0000	PIMS Coordinator Medical
A26082751057	08/27/2026	2.85 10-2160-271-000-30-800-000-000-0000	Social Work Services Medical
A26082751057	08/27/2026	2.85 10-2160-271-000-20-500-000-000-0000	Social Work Services Medical
A26082751057	08/27/2026	2.85 10-2140-271-000-10-200-000-000-0000	Psychology Medical EC
A26082751057	08/27/2026	2.85 10-2120-271-000-30-800-000-000-0000	GUIDANCE MEDICAL HIGH SCHOOL
A26082751057	08/27/2026	5.70 10-2120-271-000-20-500-000-000-0000	GUIDANCE MEDICAL MIDDLE SCHOOL
A26082751057	08/27/2026	8.55 10-2120-271-000-10-200-000-000-0000	Guidance Medical Elementary
A26082751057	08/27/2026	2.85 10-1801-271-217-10-200-000-000-0000	Pre-K Medical - Elementary
A26082751057	08/27/2026	8.55 10-1241-271-000-30-800-000-000-0000	LEARNING SUPPORT MEDICAL H/S
A26082751057	08/27/2026	11.40 10-1241-271-000-20-500-000-000-0000	LEARNING SUPPORT MEDICAL M/S
A26082751057	08/27/2026	11.40 10-1241-271-000-10-200-000-000-0000	Learning Supp. Medical Element
A26082751057	08/27/2026	5.70 10-1231-271-000-30-800-000-000-0000	EMOTIOANL SUPPORT MEDICAL H/S
A26082751057	08/27/2026	2.85 10-1231-271-000-10-200-000-000-0000	Emotion Supp Medical Elementary
A26082751057	08/27/2026	2.85 10-1225-271-000-10-200-000-000-0000	Speech Medical Elementary
A26082751057	08/27/2026	2.85 10-1211-271-000-30-800-000-000-0000	LIFE SKILL MEDICAL H/S
A26082751057	08/27/2026	2.85 10-1211-271-000-20-500-000-000-0000	LIFE SKILLS MEDICAL M/S
A26082751057	08/27/2026	8.55 10-1211-271-000-10-200-000-000-0000	Life Skills Medical Elementary
A26082751057	08/27/2026	14.25 10-1110-271-222-10-200-000-000-0000	RTL Medical
A26082751057	08/27/2026	65.55 10-1110-271-000-30-800-000-000-0000	Instruction Medical HS
A26082751057	08/27/2026	62.70 10-1110-271-000-20-500-000-000-0000	Teacher Medical Ins MS
A26082751057	08/27/2026	76.95 10-1110-271-000-10-200-000-000-0000	Instruction Medical Elementary

Payment Amount:

376.20

**Spending
Account
Processing**

PSHIC Lehigh Area School District
Ed Rarick
1000 Union St
Lehigh PA, 18235

PAID

AUG 28 2026

Spending Account Invoicing
Suite 1033, Team 1866
120 Fifth Avenue
Pittsburgh, PA 15222

Phone: (888) 334-4184

**ADMINISTRATIVE FEES
INVOICE**

BILL ACCOUNT NUMBER:		INVOICE NUMBER:	A26082751057
BILL ACCOUNT NAME:	PSHIC Lehigh Area School District	INVOICE MONTH(S):	Aug 2026
CLIENT NUMBER:		PREPARED DATE:	08/27/2026
CLIENT NAME:	PSHIC - Lehigh Area School District	PAYMENT DUE DATE:	09/21/2026

Prior Billing Information

Last Bill Amount
Payments Received Through 08/26/2026

\$370.50
(\$370.50)

Balance Forward

\$0.00

Current Charges

Premium Summary
Ending Member Listing

\$376.20

Total Current Charges

\$376.20

Total Due

\$376.20

PLEASE NOTE: IF YOU PAY VIA CHECK OR MONEY ORDER, PLEASE RETURN YOUR PAYMENT STUB AND PAYMENT IN THE WINDOW ENVELOPE PROVIDED AND MAKE SURE THAT THE ADDRESS SHOWS THROUGH THE WINDOW.

Sending all payments to this address will ensure that all payments are processed and your account updated on a

***Additional messages (if any) can be found on page 2.

07 8/22/26

DETACH AND RETURN THIS PORTION WITH PAYMENT

**Spending
Account
Processing**

MAKE CHECK PAYABLE TO "Highmark Inc"

Mail Payment to:
Highmark Inc P.O. Box 223680, Pittsburgh, PA 15251-2680

INVOICE NUMBER: A26082751057
BILL ACCOUNT NUMBER:

OVERNIGHT ADDRESS:
Highmark-Cash Processing 120 Fifth Avenue Place- Mail Code 915- Pittsburgh, PA
15222-3099

AMOUNT PAID \$

376.20

PSHIC Lehigh Area School District
1000 Union St
Lehigh PA, 18235

INVOICE MONTH(S): Aug 2026
PAYMENT DUE DATE: 09/21/2026
TOTAL AMOUNT DUE: \$376.20

Spending Account Processing

Highmark Inc
 PO Box 223680
 Pittsburgh, PA 15251-2680
 Phone: (888)334-4184

Premium Summary

BILL ACCOUNT NUMBER:		INVOICE NUMBER:	A26082751057
BILL ACCOUNT NAME:	PSHIC Lehigh Area School District	INVOICE MONTH(S):	Aug 2026
CLIENT NUMBER:		PREPARED DATE:	08/27/2026
CLIENT NAME:	PSHIC - Lehigh Area School District		

Product	Contract Type	Contract Count	Rate	Coverage Period	Current Premium
Group: [REDACTED] Product HSA					
HSA			\$2.85	08/01/2026 - 08/31/2026	\$302.10
Product HSA		106			\$302.10
Group: [REDACTED]	Actual Member Count	106			\$302.10
Group: [REDACTED] Product HSA					
HSA			\$2.85	08/01/2026 - 08/31/2026	\$22.80
Product HSA		8			\$22.80
Group: [REDACTED]	Actual Member Count	8			\$22.80
Group: [REDACTED] Product HSA					
HSA			\$2.85	08/01/2026 - 08/31/2026	\$48.45
Product HSA		17			\$48.45
Group: [REDACTED]	Actual Member Count	17			\$48.45
Group: [REDACTED]	Actual Member Count	17			\$48.45
Group: 10572108 Product HSA					

PAID
 AUG 28 2026

HSA				
Product: HSA	1	\$2.85	08/01/2026 - 08/31/2026	\$2.85

Group: [REDACTED]	Actual Member Count	1		\$2.85
-------------------	---------------------	---	--	--------

Premium Total:				\$376.20
----------------	--	--	--	----------

Vendor: INTEGRA O-Integra One
7248 Tilghman St Suite 120 ALLENTOWN PA 18106-0000

Pymt # 0010029926
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
237318	07/31/2026 2700000123	147.63 10-2818-756-000-00-000-028-000-0000	237187
237318	07/31/2026 2700000123	16530.64 10-2818-756-000-00-000-028-000-0000	Capitalized Technology Equipme
Payment Amount:		16678.27	

Vendor: INTEGRA O-Integra One
7248 Tilghman St Suite 120 ALLENTOWN PA 18106-0000

Pymt # 0010029926
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
237318	07/31/2026 2700000123	147.63 10-2818-756-000-00-000-028-000-0000	237187
237318	07/31/2026 2700000123	16530.64 10-2818-756-000-00-000-028-000-0000	Capitalized Technology Equipme
Payment Amount:		16678.27	

0010029926

08/28/2026

*****16,678.27

PAY Sixteen Thousand Six Hundred Seventy-Eight and 27/100 Dollars

To the Order of:
Integra One
7248 Tilghman St Suite 120
ALLENTOWN PA 18106-0000

NON-NEGOTIABLE



IntegraONE
7248 Tilghman Street, Ste 120
Allentown PA 18106
United States
Phone: 484-223-3480
Fax: 484-223-3427
www.integraone.com

2627 > Feb

Invoice

#237187

7/31/2026

PAID

AUG 28 2026

Bill To

Accounts Payable
Lehigh Area School District
1000 Union Street
Lehigh PA 18235-1798
United States

Ship To

Lehigh Area School District
Administration
1000 Union Street
Lehigh PA 18235-1798
United States

AMOUNT DUE

\$147.63

Due Date: 8/30/2026

SO#

Customer PO #
2700000123

Terms
Net 30

Due Date
8/30/2026

Sales Rep

Qty Ordered	Qty Shipped	Qty Backordered	Item	Unit Price	Ext. Price
23	0	23	MS150-48MP-4X Meraki MS150-48MP-4X Cld-Mngd 32GE and 16 (5GE) 740W PoE Switch	\$4,459.61	\$0.00
23	0	23	MA-PWR-CORD-US-FR Meraki AC Power Cord (US Plug)	\$0.00	\$0.00
23	0	23	LIC-MS150-48-5Y Meraki MS150-48 Enterprise License and Support, 5 Year	\$374.67	\$0.00
23	23	0	MA-CBL-100G-50CM Meraki 100GbE QSFP Cable, 0.5 Meter	\$42.79	\$984.17
0			Description Gretchen Laviolette (610) 377-4490 glaviolette@lehigh.org		
0			Description 2026 ERATE-D Form 471 #261016912 FRN: #2699021225		

Board Approved
Feb 23, 2026

Subtotal	\$984.17
Discount (E-Rate)	\$(836.54)
Tax Total	\$0.00
Total	\$147.63
Amount Paid	\$(0.00)
Amount Due	\$147.63

Gretchen Laviolette 8/11/26

Please note that there has been no change in our remittance details. Any communications from IntegraONE regarding remittance details will come from "integraone.com" or "integra1.net". If you sense any suspicious communication, please report it to accounting@integraone.com immediately.



237187



IntegraONE
7248 Tilghman Street, Ste 120
Allentown PA 18106
United States
Phone: 484-223-3480
Fax: 484-223-3427
www.integraone.com

Invoice

#237318

8/6/2026

PAID

AUG 28 2026

Bill To

Accounts Payable
Lehigh Area School District
1000 Union Street
Lehigh PA 18235-1798
United States

Ship To

Lehigh Area School District
Administration
1000 Union Street
Lehigh PA 18235-1798
United States

AMOUNT DUE

\$16,678.27

Due Date: 9/5/2026

SO#

Customer PO

Terms

Due Date

Sales Rep

2700000123

Net 30

9/5/2026

Qty Ordered	Qty Shipped	Qty Backordered	Item	Unit Price	Ext. Price
23	23	0	MS150-48MP-4X Meraki MS150-48MP-4X Cld-Mngd 32GE and 16 (5GE) 740W PoE Switch	\$4,459.61	\$102,571.03
23	23	0	MA-PWR-CORD-US-FR Meraki AC Power Cord (US Plug)	\$0.00	\$0.00
23	23	0	LIC-MS150-48-5Y Meraki MS150-48 Enterprise License and Support, 5 Year	\$374.67	\$8,617.41
0			Description Gretchen Laviolette (610) 377-4490 glaviolette@lehigh.org		
0			Description 2026 ERATE-D Form 471 #261016912 FRN: #2699021225		

Subtotal	\$111,188.44
Discount (E-Rate)	\$(94,510.17)
Tax Total	\$0.00
Total	\$16,678.27
Amount Paid	(\$0.00)
Amount Due	\$16,678.27

Please note that there has been no change in our remittance details. Any communications from IntegraONE regarding remittance details will come from "integraone.com" or "integra1.net". If you sense any suspicious communication, please report it to accounting@integraone.com immediately.

Gretchen Laviolette
8/11/26



237318

1 of 2

Vendor: [REDACTED]

Pymt # 0010029927
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
OCCUPATION	08/12/2026	122.50 10-6152-000-001-00-000-000-0000	OCCUPATION TAX-2026 REFUND
Payment Amount:		122.50	

[REDACTED]

Pymt # 0010029927
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
OCCUPATION	08/12/2026	122.50 10-6152-000-001-00-000-000-0000	OCCUPATION TAX-2026 REFUND
Payment Amount:		122.50	

0010029927

08/28/2026

*****122.50

PAY One Hundred Twenty-Two and 50/100 Dollars

To the Order of:

NON-NEGOTIABLE

[REDACTED]

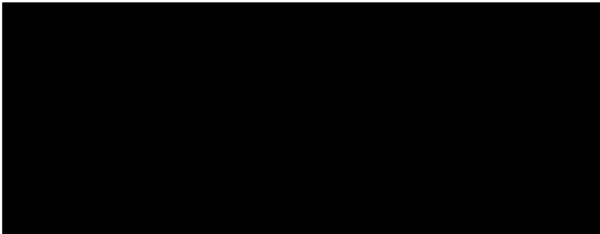
[REDACTED]

**LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST**

DATE: 8/12/26

AMOUNT: \$122.50

REQUEST A CHECK FROM General FUND PAYABLE TO:

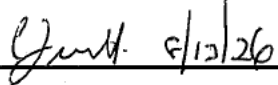


PAID

AUG 28 2026

REASON: 2026 Occupation Refund – Retired

SIGNATURE OF REQUESTOR: 

SIGNATURE OF BUSINESS ADMINISTRATOR:  8/12/26

.....
ACCOUNT CODE(S):

DEBIT:
10-6152-000-001-00-000-000-0000 – \$122.50 - 2026 Occupation Refund -
Retired

8/12/24
(Date)

Lehigh Area School District
Business Administrator
1000 Union St.
Lehigh, PA 18235

PAID

AUG 28 2024

Dear Sir:

I am requesting a refund of my 2024
(Date of Tax Bill)

☒ Occupational Tax, ☐ Per Capita Tax, ☐ Real Estate Tax.

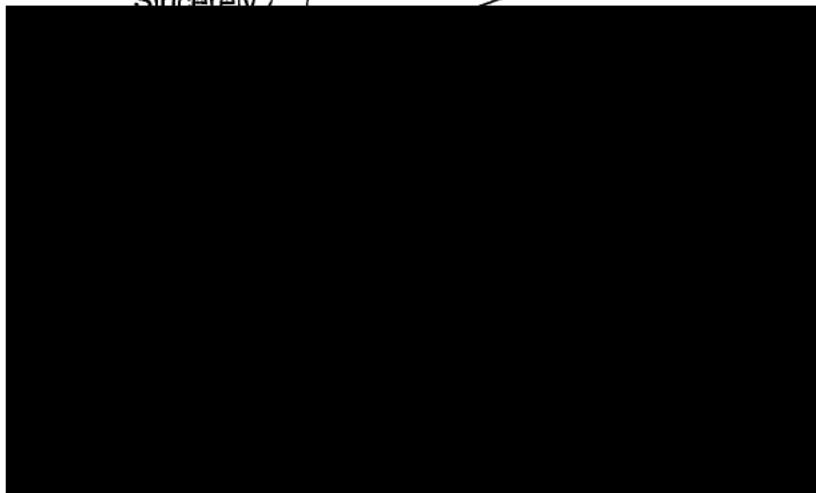
The tax was paid in error. As proof, I have attached a copy of my paid tax bill.

The reason for this request is retired

I have attached documents to prove my eligibility for a refund.

Thank you in advance for your consideration.

Sincerely,



(Business Office Approval-Signature)

Pymt # 0010029928
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/18/2026	165.00 10-2271-240-000-10-200-000-000-0000	ELEMENTARY SOCIAL STUDIES TOPI
TUITION 26-27	08/18/2026	165.00 10-2271-240-000-10-200-000-000-0000	FOSTERING A GROWTH MINDSET IN
Payment Amount:		330.00	

Pymt # 0010029928
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/18/2026	165.00 10-2271-240-000-10-200-000-000-0000	ELEMENTARY SOCIAL STUDIES TOPI
TUITION 26-27	08/18/2026	165.00 10-2271-240-000-10-200-000-000-0000	FOSTERING A GROWTH MINDSET IN
Payment Amount:		330.00	

0010029928

08/28/2026

*****330.00

PAY Three Hundred Thirty and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235
(610) 377-4490 www.lehigh.org

2

TO:



PAID

AUG 28 2026

DATE: 8/18/2026

Building: LAMS
Position: Teacher

FOR: Tuition Reimbursement

2026-2027

Total:	\$165
Semester Hours:	3
College/University:	Idaho State University
Name of Course:	Fostering a Growth Mindset in Teachers & Learners
Grade:	U Grade PASS
Acct Code:	EC Teacher 10-2271-240-000-10-200-006

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehighton.org

TO:

DATE: 8/8/2026

PAID

AUG 28 2026

*Building: LAMS
Position: Teacher*

FOR: Tuition Reimbursement

2026-2027

Total: \$165

Semester Hours: 3

College/University: Idaho State University

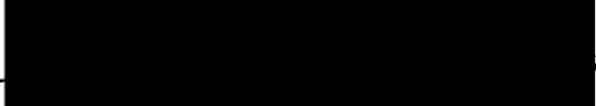
Name of Course: Elementary Social Studies Topics

Grade: ~~W~~ PASS

Acct Code: EC Teacher 10-2271-240-000-10-200-007

1/05

REQUEST FOR TUITION REIMBURSEMENT
Lehigh Area School District

Name: Building: EC School Year: 26/27Course Information☐ Proof of prior approval for this course is attached.**PAID**

AUG 28 2026

Course #	Title of Course	College/University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
EDUC 5598P-42799	Fostering a Growth Mindset in Teachers & Learners	Idaho State University	3	4.0	\$55	\$165
EDUC 5598P-42777	Elementary Social Studies Topics	Idaho State University	3	4.0	\$55	\$165

Additional Information

- ☐ Copy of proof of payment attached [Check or charge receipt is not acceptable]
☐ Copy of proof of grade attached

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: 07/24/26Employee Signature: 

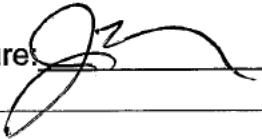
Grade PASS
 Grade PASS
 Grade _____

100 % of \$ 165 =
100 % of \$ 165 =
 _____ % of \$ _____ =

\$ 165
 \$ 165
 \$ _____

Grade of "A" = 100%
 Grade of "B" = 100%
 Grade of "C" = 70%
 Grade Below "C" = 00%
 Pass/Fail = 100%
 for Pass

TOTAL TO BE PAID

\$ 330.00Date: 8/18/26Superintendent's Signature: 

607

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: 5th Grade Teacher Building: Elementary Center

Present Degree/Step Level: ☐ Bachelors ☐ Earned Masters ☒ M+15 ☐ M+30 ☐ M+45
☐ Level I ☐ Level II

Name of Activity/Course: Fostering a Growth Mindset in Teachers & Learners

Date(s): From: 07/01/2026 To: 08/31/2026 **PAID**

Activity/Course given by: Idaho State University **AUG 28 2026**

Location: Online, self paced (once approved I can start anytime before 8/31/26)

School Year: 2026-2027 Cost (Tuition Only): \$ \$165.00

Program of Studies: Graduate course, non-degree seeking

Employee's Signature: X [REDACTED] Date: 06/04/2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied – Reason: _____

Superintendent's Signature: X [REDACTED] Date: 6/10/26

Date of Board Approval: APPROVED JUN 8 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

607

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
[Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district. Please reference your collective bargaining agreement for reimbursement eligibility requirements and limitations.

Part I [Completed by Employee]

Name: [REDACTED] Position: 5th Grade Teacher Building: Elementary Center

Present Degree/Step Level: ☐ Bachelors ☐ Earned Masters ☒ M+15 ☐ M+30 ☐ M+45
☐ Level I ☐ Level II

Name of Activity/Course: Elementary Social Studies Topics

Date(s): From: 07/01/2026 To: 08/31/2026

Activity/Course given by: Idaho State University

Location: Online, self paced (once approved, I can start anytime before 8/31/2026)

School Year: 2026-2027 Cost (Tuition Only): \$ \$165.00

Program of Studies: Graduate course, non-degree seeking

Employee's Signature: X [REDACTED] Date: 06/04/2026

PAID

AUG 28 2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied - Reason: _____

Superintendent's Signature: X [REDACTED] Date: 6/10/26

Date of Board Approval: APPROVED JUN 8 2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

Pymt # 0010029929
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/18/2026	1764.00 10-2271-240-000-10-200-000-000-0000	PRINCIPAL LEADERSHIP (PART 1)
Payment Amount:		1764.00	

Pymt # 0010029929
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
TUITION 26-27	08/18/2026	1764.00 10-2271-240-000-10-200-000-000-0000	PRINCIPAL LEADERSHIP (PART 1)
Payment Amount:		1764.00	

0010029929

08/28/2026

*****1,764.00

PAY One Thousand Seven Hundred Sixty-Four and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT

1000 Union Street, Lehigh, PA 18235

(610) 377-4490 www.lehigh.org

TO:

DATE: 8/18/2026

PAID

AUG 28 2026

Building: LAEC
Position: Teacher

FOR: Tuition Reimbursement

2026-2027

Total: \$1764

Semester Hours: 3

College/University: Wilkes University

Name of Course: Principal Leadership (Part I)

Grade: Pass

Acct Code: EC Teacher 10-2271-240-000-10-200-000

1/05

REQUEST FOR TUITION REIMBURSEMENT
[Lehigh Area Education Assn. Personnel]

Name

Building: EC School Year: 26-27Course Information**PAID**

Proof of prior approval for this course is attached.

AUG 28 2026

Course #	Title of Course	College/ University	Total Credit	Grade	Cost per Credit ESU Graduate Tuition Rate	Total Cost
ED542A	Principal Internship (Part A)	Wilkes Univ.	3	4.0 ^(A)	\$602	\$1,806

Additional Information

Copy of proof of payment attached [Check or charge receipt is not acceptable]



Copy of proof of grade attached

I, hereby, certify that the above information is accurate and correct, and I request reimbursement in accordance with Board policy and the Collective Bargaining Agreement.

Date: 08/11/2026

Employee Signature: _____

Grade A100 % of \$ 1764 =\$ 1764

Grade _____

_____ % of \$ _____ =

\$ _____

Grade _____

_____ % of \$ _____ =

\$ _____

Grade of "A" = 100%

Grade of "B" = 100%

Grade of "C" = 70%

Grade Below "C" = 00%

Pass/Fail = 100%

for Pass

TOTAL TO BE PAID

\$ 1764Date: 2/18/26

Superintendent's Signature: _____

LEHIGHTON AREA SCHOOL DISTRICT
Request for Pre-Approval for Reimbursement of College Credits
 [Use a separate form for each course]

Credits taken shall be within the employee's area of certification or field of education or related to the employee's present or future job in the district.

Part I [Completed by Employee]

Name: [REDACTED] Position: K-5 Academic Building: Elementary Center

Present Degree/Step Level: ☐ Bachelors ☐ Earned Masters ☐ Masters Equiv. ☒ M+15 ☐ M+30 ☐ M+45
☐ Level I ☐ Level II

Name of Activity/Course: ED592A - Principal Internship (Part I)

Date(s): From: 05/11/2026 To: 08/02/2026

PAID
AUG 28 2026

Activity/Course given by: Dr. Alan Hack

Location: Wilkes University

School Year: 2026-2027 Cost (Tuition Only): \$ \$1,764.00

Program of Studies: MEd. Edu. Leadership w/ Principal Cert

Approval Date: 11/23/2021

Employee's Signature: X [REDACTED] Date: 01/04/2026

After completing course, submit the form "Request for Tuition Reimbursement" to the Superintendent's Office and include:

- 1) Grade Report
- 2) Receipt of payment from college or university

Part II [Completed by Superintendent]

☒ Approved ☐ Denied – Reason: _____

Superintendent's Signature: X Jason G. Moser Date: 02/24/2026

Date of Board Approval: 02/23/2026

THIS FORM MUST BE SUBMITTED FOR BOARD APPROVAL PRIOR TO THE START OF THE COURSE IN ORDER TO BE ELIGIBLE FOR TUITION REIMBURSEMENT.

Vendor: LEHIGH 01-Lehigh Carbon Community College
4525 Education Park Dr SCHNECKSVILLE PA 18078-2598

Pymt # 0010029930
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
WKHAUG2426E	08/24/2026	15257.50 10-1693-566-000-00-000-000-090-0000	MONTHLY BILL-AUGUST 26
Payment Amount:		15257.50	

Vendor: LEHIGH 01-Lehigh Carbon Community College
4525 Education Park Dr SCHNECKSVILLE PA 18078-2598

Pymt # 0010029930
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
WKHAUG2426E	08/24/2026	15257.50 10-1693-566-000-00-000-000-090-0000	MONTHLY BILL-AUGUST 26
Payment Amount:		15257.50	

0010029930

08/28/2026

*****15,257.50

PAY Fifteen Thousand Two Hundred Fifty-Seven and 50/100 Dollars

To the Order of:

Lehigh Carbon Community College
4525 Education Park Dr
SCHNECKSVILLE PA 18078-2598

NON-NEGOTIABLE





Lehigh Carbon COMMUNITY COLLEGE

Invoice No. WKHAUG2426E

4525 Education Park Drive, Schnecksville, PA 18078

INVOICE

Customer

Name Lehighton School District
Address 1000 Union Street
City Lehighton State PA ZIP 18235
Phone

Date 8/24/2026
Order No.
Rep

Qty	Description	Unit Price	TOTAL
	<u>Monthly Billing</u>		
1	2026/2027 Operating Expense August 2026 PAID AUG 28 2026 <i>18-1693-566-000-00-000-000-090</i> <i>ez 8/22/26</i>	\$15,257.50	\$15,257.50
SubTotal			\$15,257.50
TOTAL			\$15,257.50

Office Use Only: SPOF

Please make checks payable to Lehigh Carbon Community College! Federal I

610-799-1157 BUSINESS OFFICE

NET 30 DAYS

Thank you!

Pymt # 0010029931
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
SCHOLARSHIP	08/18/2026	2619.00 10-6920-000-000-00-000-000-0000	SCHOLARSHIP FUND- SET UP
Payment Amount:		2619.00	

Pymt # 0010029931
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
SCHOLARSHIP	08/18/2026	2619.00 10-6920-000-000-00-000-000-0000	SCHOLARSHIP FUND- SET UP
Payment Amount:		2619.00	

0010029931

08/28/2026

*****2,619.00

PAY Two Thousand Six Hundred Nineteen and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

DATE: 08/18/2026

PAID

AMOUNT: 2619.00

AUG 28 2026

REQUEST A CHECK FROM 10 FUND PAYABLE TO:



Reason: Donations made for victim of fire- Scholarship to be set up
in New York

SIGNATURE OF REQUESTOR: _____

[Handwritten Signature]

SIGNATURE OF PRINCIPAL/DIRECTOR: _____

SIGNATURE OF BUSINESS ADMINISTRATOR: _____

[Handwritten Signature] 8/18/26

.....

ACCOUNT CODE(S): See Attached

10-6920-000-000-00-000-000-000-000

Vendor: MCNEESWAN-McNees Wallace & Nurick LLC
100 Pine Street PO Box 1166 HARRISBURG PA 17108

Pymt # 0010029932
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
21792.0004	08/21/2026	100.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0012	08/21/2026	400.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0019	08/21/2026	125.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0020	08/21/2026	1650.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0021	08/21/2026	750.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0022	08/21/2026	713.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0023	08/21/2026	200.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
Payment Amount:		3938.00	

Vendor: MCNEESWAN-McNees Wallace & Nurick LLC
100 Pine Street PO Box 1166 HARRISBURG PA 17108

Pymt # 0010029932
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
21792.0004	08/21/2026	100.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0012	08/21/2026	400.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0019	08/21/2026	125.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0020	08/21/2026	1650.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0021	08/21/2026	750.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0022	08/21/2026	713.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
21792.0023	08/21/2026	200.00 10-2350-331-000-00-000-000-090-0000	LEGAL BILL
Payment Amount:		3938.00	

0010029932

08/28/2026

*****3,938.00

PAY Three Thousand Nine Hundred Thirty-Eight and 00/100 Dollars

To the Order of:

McNees Wallace & Nurick LLC
100 Pine Street
PO Box 1166
HARRISBURG PA 17108

NON-NEGOTIABLE



PAID

AUG 28 2026

PO Box 1166
Harrisburg, PA 17108-1166
Phone: 717.232.8000
EIN: 23-1256003

Jeffrey Sultanik
Direct Dial: 484-533-0161
Jeffrey.Sultanik@mcneeslaw.com

Lehigh Area School District
[REDACTED] Consulting Business Manager
1000 Union Street
Lehigh, PA 18235

August 21, 2026
Invoice #5472804

Client No.: 21792 Lehigh Area School District

Payment Due Upon Receipt

This Invoice is for the Period Ending: July 31, 2026

Matter Number	Matter Name	Fees Billed	Costs Billed
21792.0004	[REDACTED]	100.00	0.00
21792.0012	2026 Lehigh Area Education Association Contract Negotiations	400.00	0.00
21792.0019	Volunteer Firefighters' Tax Credit Request	125.00	0.00
21792.0020	2026-2027 Budget Adoption	1,650.00	0.00
21792.0021	Petition to Remove David Bradley as School Director for Lehigh Area School District & Court of Common Pleas of Carbon County No. 26-CV-1467	750.00	0.00
21792.0022	2026 Lehigh Area Educational Support Personnel Association, ESPA/PSEA/NEA Contract Negotiations	713.00	0.00
21792.0023	2026-2027 Student Issues	200.00	0.00
TOTALS		\$3,938.00	\$0.00

TOTAL AMOUNT DUE FOR THIS INVOICE **\$3,938.00**

cf 8/25/26

Payments Attention: Accounting Department
P.O. Box 1166 • Harrisburg, PA 17108-1166
TELEPHONE: (717) 232-8000 • FAX: (717) 237-5300

This Invoice is for the Period Ending: July 31, 2026

Details for Matter 21792.0004 - [REDACTED]

PAID**Professional Services Rendered:**

AUG 28 2026

07/21/26	A. DeTreux	Review, analysis, and consideration of whether Sterner moved forward with litigation	0.20	50.00
07/21/26	A. DeTreux	Draft and send email to J. Moser re update that Sterner did not file in federal court	0.20	50.00

TOTAL FEES**\$100.00****TIMEKEEPER SUMMARY**

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Rate</u>	<u>Fees</u>
DeTreux, A.	Associate	0.40	\$250.00	\$100.00
TOTALS		0.40		\$100.00

TOTAL AMOUNT DUE FOR THIS MATTER\$100.00

This Invoice is for the Period Ending: July 31, 2026

Details for Matter 21792.0012 – 2026 Lehigh Area Education Association Contract Negotiations**Professional Services Rendered:**

07/28/26	P. Byrne	Analyze agreed-upon CBA received from J. Moser; analyze agreement and generate a new proposed redline addressing inaccuracies and revised language for legal compliance	1.60	400.00
----------	----------	---	------	--------

PAID

AUG 28 2026

TOTAL FEES**\$400.00**

<u>TIMEKEEPER SUMMARY</u>				
<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Rate</u>	<u>Fees</u>
Byrne, P.	Paralegal	1.60	\$250.00	\$400.00
TOTALS		1.60		\$400.00

TOTAL AMOUNT DUE FOR THIS MATTER\$400.00

This Invoice is for the Period Ending: July 31, 2026

Details for Matter 21792.0019 – Volunteer Firefighters' Tax Credit Request**Professional Services Rendered:**

07/01/26	J. Sultanik	Open file; review of volunteer firefighters' tax credit request; email to J. Moser re same	0.50	125.00
----------	-------------	--	------	--------

PAID

AUG 28 2026

TOTAL FEES**\$125.00****TIMEKEEPER SUMMARY**

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Rate</u>	<u>Fees</u>
Sultanik, J.	Member	0.50	\$250.00	\$125.00
TOTALS		0.50		\$125.00

TOTAL AMOUNT DUE FOR THIS MATTER\$125.00

This Invoice is for the Period Ending: July 31, 2026

PAID

AUG 28 2026

Details for Matter 21792.0020 – 2026-2027 Budget Adoption**Professional Services Rendered:**

06/24/26	J. Sultanik	Review of multiple emails from R. Bowman and D. Bradley re budget adoption process; review of budget process timeline submitted by J. Moser; review of multiple emails re mandamus complaint; emails re concerns about procedure; telephone conference with J. Moser and firm attorney re advertisement timeline; prepare notice of intent; email to client re notice of intent template	1.50	375.00
06/25/26	J. Sultanik	Review and revise public statement of A. Matika re the need to schedule a special meeting to address a procedural advertising error; email to client re same	0.40	100.00
06/25/26	J. Sultanik	Review of logistical issues re scheduling of special Board meeting	0.30	75.00
06/25/26	J. Sultanik	Review of scheduling issues for attendance at July 6, 2026, special Board meeting; conference with firm attorney re same	0.20	50.00
06/25/26	J. Sultanik	Review of R. Bowman's 12-page document challenging the legality of the District's budget; prepare response to R. Bowman; email to J. Moser and A. Matika re litigation risk	1.00	250.00
06/26/26	J. Sultanik	Review follow-up email from R. Bowman; email to client re same	0.30	75.00
06/26/26	J. Sultanik	Prepare outline of information necessary to develop a Resolution for July 6, 2026, special Board meeting; email to J. Moser re same	0.70	175.00
06/30/26	J. Sultanik	Email re preparation of Resolution	0.60	150.00
07/01/26	J. Sultanik	Prepare Motion for Board action on July 6, 2026; email to client re same	0.40	100.00
07/01/26	J. Sultanik	Email to J. Partenio re homestead/farmstead exemption	0.30	75.00
07/02/26	J. Sultanik	Review of issue re revision to Resolution to delete reference to June 22, 2026, minutes and revise exhibit additions	0.30	75.00
07/02/26	J. Sultanik	Review and respond to R. Bowman's incorrect assertions re the development of the agenda and amending the agenda	0.40	100.00
07/10/26	J. Sultanik	Arrange for signature on Resolution; email to J. Partenio re same	0.20	50.00

This Invoice is for the Period Ending: July 31, 2026

PAID

AUG 28 2026

TOTAL FEES**\$1,650.00****TIMEKEEPER SUMMARY**

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Rate</u>	<u>Fees</u>
Sultanik, J.	Member	6.60	\$250.00	\$1,650.00
TOTALS		6.60		\$1,650.00

TOTAL AMOUNT DUE FOR THIS MATTER\$1,650.00

This Invoice is for the Period Ending: July 31, 2026

Details for Matter 21792.0021 – Petition to Remove David Bradley as School Director for Lehighton Area School District – Court of Common Pleas of Carbon County No. 26-CV-1467

PAID

AUG 28 2026

Professional Services Rendered:

07/08/26	J. Sultanik	Review of petition; preparation of response to C. Schnee re indemnification	0.80	200.00
07/09/26	J. Sultanik	Email to C. Schnee re Petition for Removal and legal position re claim	0.60	150.00
07/09/26	J. Sultanik	Telephone conference with J. Moser re response to D. Bradley's counsel and potentially putting the issue on the agenda	0.20	50.00
07/10/26	J. Sultanik	Review of Intervention Petition of R. Bowman; email to R. Bowman re position on intervention and lack of being a party in the proceeding	0.70	175.00
07/10/26	J. Sultanik	Email J. Moser's emails re communications about R. Bowman and status of Petition	0.30	75.00
07/15/26	J. Sultanik	Email to R. Bowman responding to Petition for Board Member Removal	0.40	100.00

TOTAL FEES**\$750.00****TIMEKEEPER SUMMARY**

<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Rate</u>	<u>Fees</u>
Sultanik, J.	Member	3.00	\$250.00	\$750.00
TOTALS		3.00		\$750.00

TOTAL AMOUNT DUE FOR THIS MATTER\$750.00

This Invoice is for the Period Ending: July 31, 2026

**Details for Matter 21792.0022 – 2026 Lehigh Area Educational Support Personnel Association,
ESPA/PSEA/NEA Contract Negotiations****Professional Services Rendered:**

07/27/26	J. Sultanik	Review of draft Agreement concerns about retiree healthcare language and compensatory time language; email to P. Byrne re preliminary review of Agreement	0.70	413.00
07/28/26	J. Sultanik	Review and revise draft Collective Bargaining Agreement; email to R. Lieux re tax benefit issues	1.20	300.00

PAID

AUG 28 2026

TOTAL FEES**\$713.00**

<u>TIMEKEEPER SUMMARY</u>				
<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Rate</u>	<u>Fees</u>
Sultanik, J.	Member	1.20	\$250.00	\$300.00
Sultanik, J.	Member	0.70	\$590.00	\$413.00
TOTALS		1.90		\$713.00

TOTAL AMOUNT DUE FOR THIS MATTER\$713.00

This Invoice is for the Period Ending: July 31, 2026

Details for Matter 21792.0023 – 2026-2027 Student Issues**Professional Services Rendered:**

07/23/26	J. Sultanik	Prepare legal requirements relating to immunization record for students; email to J. Moser re same	0.80	200.00
----------	-------------	--	------	--------

TOTAL FEES**PAID**

AUG 28 2026

\$200.00

<u>TIMEKEEPER SUMMARY</u>				
<u>Timekeeper</u>	<u>Title</u>	<u>Hours</u>	<u>Rate</u>	<u>Fees</u>
Sultanik, J.	Member	0.80	\$250.00	\$200.00
TOTALS		0.80		\$200.00

TOTAL AMOUNT DUE FOR THIS MATTER\$200.00

Vendor: NRGBUM-NRG Business Marketing
PO Box 32179 NEW YORK NY 10087

Pymt # 0010029933
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
HS65591419	08/17/2026	549.29 10-2620-621-000-10-200-000-026-0000	NATURAL GAS-EC
HS65591419	08/17/2026	19.26 10-2620-621-000-00-100-000-026-0000	NATURAL GAS-ADMIN
Payment Amount:		568.55	

Vendor: NRGBUM-NRG Business Marketing
PO Box 32179 NEW YORK NY 10087

Pymt # 0010029933
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
HS65591419	08/17/2026	549.29 10-2620-621-000-10-200-000-026-0000	NATURAL GAS-EC
HS65591419	08/17/2026	19.26 10-2620-621-000-00-100-000-026-0000	NATURAL GAS-ADMIN
Payment Amount:		568.55	

0010029933

08/28/2026

*****568.55

PAY Five Hundred Sixty-Eight and 55/100 Dollars

To the Order of:

NRG Business Marketing
PO Box 32179
NEW YORK NY 10087

NON-NEGOTIABLE



Invoice #: HS65591419
Account #:
Invoice Date: 08/17/2026
Payment Due Date: 09/01/2026

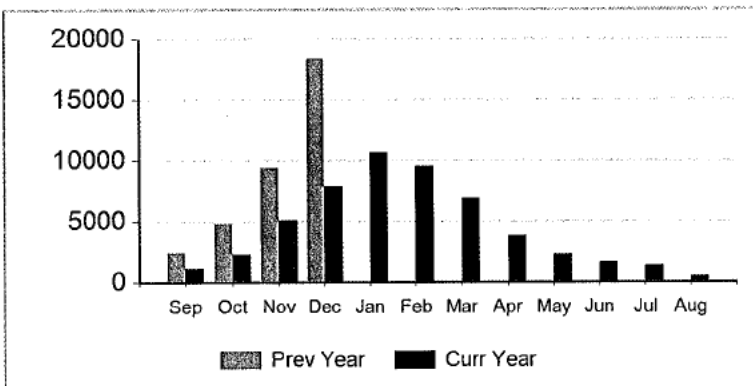
CUSTOMER INFORMATION

0000756 T5 0 0780 18235-170000 -C01-P00756-11
Lehigh Area School District
1000 Union Street
LEHIGHTON, PA 18235-1700

PAID
AUG 28 2026

USAGE HISTORY

Monthly Gas (THERMS)



MESSAGE CENTER

Let's grow together!

Expanding your reach? We're here to provide energy solutions for your locations in other states and/or your additional accounts. Lean on our expertise across North America. Call 855-464-2986 or email USNbusinessdirect@nrg.com.

INVOICE SUMMARY

Previous Balance	\$879.08
Payment Received (Aug 13, 2026)	(\$879.08)
Total Balance Forward	\$0.00
Adjustments	\$0.00
Late Payment Charge	\$0.00
Current Usage Charges	\$568.55
Total Current Charges	\$568.55

Amount Due by Sep 01, 2026 \$568.55

PAYMENT OPTIONS

By web	nrg.com/myaccount
By phone	1.844.737.6742
By mail	Remittance slip below

QUESTIONS?

Visit Us	nrg.com/myaccount
Call Us	1.844.737.6742

[Handwritten signature]
8/26/26

Detach here and return this portion with check or money order. Do not staple or fold.



Lehigh Area School District

1000 Union Street
LEHIGHTON, PA 18235

Invoice #: HS65591419
Account #:
Amount Due by Sep 01, 2026 \$568.55

Amount Enclosed

\$568.55

Please write your account number on your check or money order made payable to NRG Business Marketing.

Check Remittance To:
NRG Business Marketing
P.O. Box 32179
New York, NY 10087-2179

Invoice #: HS65591419
Statement Group #: [REDACTED]

PAID

AUG 28 2026

Contract Volumes:
July 110 MMBTU
August 79 MMBTU
Basis: \$1.351
Billing Unit: MMBTU

Serv Loc ID:	Description	Deal ID	Date From - To	Volume	Unit Price	Total
Service Period: 07/16/2026-08/13/2026	Commodity	2997669	07/16/2026 -08/13/2026	3.68	\$5.217	\$19.20
Utility Name: UGI	Change in Law - 11/01/2025	2997669	07/16/2026 -08/13/2026	3.68	(\$0.3021)	(\$1.11)
Pool/Point: UGI-NT DCQ POOL	Change in Law - 04/01/2025	2997669	07/16/2026 -08/13/2026	3.68	\$0.3174	\$1.17
Utility Acct #: 411007971582-171268	Total :			3.68		\$19.26
PO #:	Billed volumes are inclusive of a utility line loss factor of 0.98500 for July,0.98500 for August					
Address: 1000 Union Street, LEHIGHTON, PA 18235	10-2620-621-000-00-200-000-024					

Serv Loc ID:	Description	Deal ID	Date From - To	Volume	Unit Price	Total
Service Period: 07/16/2026-08/13/2026	Commodity	2997669	07/16/2026 -08/13/2026	104.98	\$5.217	\$547.68
Utility Name: UGI	Change in Law - 11/01/2025	2997669	07/16/2026 -08/13/2026	104.98	(\$0.3021)	(\$31.71)
Pool/Point: UGI-NT DCQ POOL	Change in Law - 04/01/2025	2997669	07/16/2026 -08/13/2026	104.98	\$0.3174	\$33.32
Utility Acct #: 411008904806-171163	Total :			104.98		\$549.29
PO #:	Billed volumes are inclusive of a utility line loss factor of 0.98500 for July,0.98500 for August					
Address: 3 Indian Lane, LEHIGHTON, PA 18235	10-2620-621-000-90-200-000-024					

Grand Total \$568.55

Memo : Trigger History				
Description	Transaction Date	Volume	Unit Price	Total
Deal Id : 2997669				
Buy At Market: July 2026	04/21/2026	110	\$3.8660	\$425.26
	Total	110	\$3.8660	\$425.26
Buy At Market: August 2026	04/21/2026	79	\$3.8660	\$305.41
	Total	79	\$3.8660	\$305.41
Total for Deal		189	\$3.8660	\$730.67

PAID

AUG 28 2026

Vendor: PARKLAND-Parkland School District
Business Office 1210 Springhouse Road ALLENTOWN PA 18104-211

Pymt # 0010029934
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
2526-RWMS	08/04/2026	288.48 10-1211-561-000-30-800-000-012-0000	IU STUDENT SERVICES
	Payment Amount:	288.48	* Accrued A/P

Vendor: PARKLAND-Parkland School District
Business Office 1210 Springhouse Road ALLENTOWN PA 18104-211

Pymt # 0010029934
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
2526-RWMS	08/04/2026	288.48 10-1211-561-000-30-800-000-012-0000	IU STUDENT SERVICES
	Payment Amount:	288.48	* Accrued A/P

0010029934

08/28/2026

*****288.48

PAY Two Hundred Eighty-Eight and 48/100 Dollars

To the Order of:

Parkland School District
Business Office
1210 Springhouse Road
ALLENTOWN PA 18104-2119

NON-NEGOTIABLE



INVOICE

PAID

AUG 28 2026

Approved 8/19/26

TO LEHIGHTON SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON PA 18235

DATE 8/4/2026
INVOICE # 2526-RWMS

BILLING FOR NON RESIDENT STUDENTS FOR REGULAR EDUCATION
SERVICES RENDERED DURING THE 2025-26 SCHOOL YEAR
IU STUDENTS MAINSTREAMED INTO REGULAR EDUCATION

<u>DESCRIPTION</u>	<u>DAYS</u>	<u>DAILY RATE</u>	<u>TOTAL</u>
Kindergarten		\$92.43	\$0.00
Elementary		\$92.43	\$0.00
Secondary	3.2	\$90.15	\$288.48
BALANCE DUE			\$288.48

Make check payable to **Parkland School District**

Please remit payment to:
Parkland School District Attn: Business Office
1210 Springhouse Road, Allentown, PA 18104
(610) 351-5510

10-1211-501-000-30-800-000-010-0000

Carbon Lehigh Intermediate Unit #21
Mainstreamed Student Listing By Educating District
School Year: 2025-2026
PARKLAND SD

Days In Session: 180

Sex	Grade	Res	Class	Building	Entry	Exit	Exit Code	Aggregate Days			Spec'd %
								Total	Dist	CLIU	
M	12	NR	MD	PARKLAND HIGH SCHOOL	08/25/2025 (1)	12/15/2025 (72)	W19	72.0	1.4	70.6	98.00
								--15.0	--0.3	--15.7	
								56.0	1.1	54.9	180.0
M	12	NR	MD	PARKLAND HIGH SCHOOL	12/16/2025 (73)	05/15/2026 (164)	W9A	92.0	1.8	90.2	98.00
								--20.0	--0.4	--19.6	
								72.0	1.4	70.6	180.0

RESIDENT DISTRICT: LEHIGHTON AREA SD

	SECONDARY	Aggregate Membership Days
LEHIGHTON AREA SD	3.2	3.2
Carbon-Lehigh IU #21	160.8	160.8
	164.0	164.0

PAID

AUG 28 2026

8/11/26
mw

Vendor: PSCASH-Petty Cash
Special Education 1000 Union St LEHIGHTON PA 18235

Pymt # 0010029935
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
PETTY CASH	08/25/2026	350.00 10-0103-000-000-00-120-000-000-0000	PETTY CASH-CBI TRIPS
Payment Amount:		350.00	

Vendor: PSCASH-Petty Cash
Special Education 1000 Union St LEHIGHTON PA 18235

Pymt # 0010029935
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
PETTY CASH	08/25/2026	350.00 10-0103-000-000-00-120-000-000-0000	PETTY CASH-CBI TRIPS
Payment Amount:		350.00	

0010029935

08/28/2026

*****350.00

PAY Three Hundred Fifty and 00/100 Dollars

To the Order of:

Petty Cash
Special Education
1000 Union St
LEHIGHTON PA 18235

NON-NEGOTIABLE

PSCASH

**LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST**

DATE: 08/25/2026

AMOUNT: 350.00

REQUEST A CHECK FROM 10 FUND PAYABLE TO:

Special Education

PAID

AUG 28 2026

REASON: Petty Cash

CBI Trips - 2026-2027

SIGNATURE OF REQUESTOR:

[Redacted Signature]

026

SIGNATURE OF PRINCIPAL/DIRECTOR:

[Signature] 8/25/26

SIGNATURE OF BUSINESS ADMINISTRATOR:

[Signature] 8/26

ACCOUNT CODE(S): 10-0103-000-000-00-120-000-000-0000

DEBIT:

Vendor: SCHINDLER-Schindler Elevator Corp
PO Box 93050 CHICAGO IL 60673-3050

Pymt # 0010029936
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
4607544212	08/01/2026 2700000309	6698.14 10-2620-330-000-10-200-000-026-0000	2026-2027-PREVENTIVE MAINTENAN
4607544212	08/01/2026 2700000309	6698.14 10-2620-330-000-20-500-000-026-0000	2026-2027-PREVENTIVE MAINTENAN
4607544212	08/01/2026 2700000309	6698.14 10-2620-330-000-30-800-000-026-0000	2026-2027-PREVENTIVE MAINTENAN
Payment Amount:		20094.42	

Vendor: SCHINDLER-Schindler Elevator Corp
PO Box 93050 CHICAGO IL 60673-3050

Pymt # 0010029936
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
4607544212	08/01/2026 2700000309	6698.14 10-2620-330-000-10-200-000-026-0000	2026-2027-PREVENTIVE MAINTENAN
4607544212	08/01/2026 2700000309	6698.14 10-2620-330-000-20-500-000-026-0000	2026-2027-PREVENTIVE MAINTENAN
4607544212	08/01/2026 2700000309	6698.14 10-2620-330-000-30-800-000-026-0000	2026-2027-PREVENTIVE MAINTENAN
Payment Amount:		20094.42	

0010029936

08/28/2026

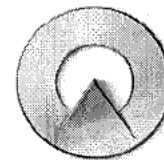
*****20,094.42

PAY Twenty Thousand Ninety-Four and 42/100 Dollars

To the Order of:
Schindler Elevator Corp
PO Box 93050
CHICAGO IL 60673-3050

NON-NEGOTIABLE

SCHINDLER ELEVATOR CORPORATION
6330 HEDGEWOOD DR STE 210
ALLENTOWN PA 18106-9268
Tel: 610 391 8895 Fax: 610 391 8911



Schindler

Document: Maintenance Invoice

Invoice No : 4607544212

Date : 08/01/2026

PAID

AUG 28 2026

LEHIGHTON AREA
SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON PA 18235-1798

Billing ID:
Federal Tax ID:
DUNS Number:
Sales Contact:
Field Contact:
PO Number:



Contract No:

USD
excl.Tax

Tax

USD
incl.Tax

No. of Equipment: 6

**Service type: Preventive Maintenance
Schindler Basic Partial**

**Address: LEHIGHTON AREA SCHOOL DISTRICT ELEMENTARY SCHOOL - 2 & 3 INDIAN
LANE 1 18235 LEHIGHTON**

Maintenance services: From 08/01/2026 to 07/31/2027

Total 20,094.42 20,094.42

Total to Pay 20,094.42

Payment terms: Payable within 30 days



10-2620-330-000-10-200-000-026 - 6698.14
10-2620-330-000-20-500-000-026 - 6698.14
10-2620-330-000-30-800-000-026 - 6698.14

Please return this portion with your payment

REMITTANCE

Payer :

LEHIGHTON AREA
SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON PA 18235-1798

Invoice No : 4607544212

Date : 08/01/2026

Billing ID :

Service Contract :

INVOICE AMOUNT: 20,094.42 USD

Remit to :

Schindler Elevator Corporation
P.O.Box 93050
Chicago, IL 60673-3050

Use this address for payments only.
Direct calls and correspondence to our Local Office above.
Please check applicable payment enclosed

*** Invoices not paid within net terms are subject to a service charge of 1.5% per month, or the maximum permitted by law.**

Seller represents that with respect to the production of the articles and/or the performance of the services covered by this invoice, it has fully complied with the FairLabor Standards Act of 1938, as amended.

7-21-26

Vendor: STERIC-Stericycle, Inc.
28883 Network Place CHICAGO IL 60673

Pymt # 0010029937
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
8015175883	08/18/2026	171.63 10-2511-310-000-00-000-000-0000	MONTHLY SHREDDING BILL-JULY
Payment Amount:		171.63	

Vendor: STERIC-Stericycle, Inc.
28883 Network Place CHICAGO IL 60673

Pymt # 0010029937
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
8015175883	08/18/2026	171.63 10-2511-310-000-00-000-000-0000	MONTHLY SHREDDING BILL-JULY
Payment Amount:		171.63	

0010029937

08/28/2026

*****171.63

PAY One Hundred Seventy-One and 63/100 Dollars

To the Order of:

Stericycle, Inc.
28883 Network Place
CHICAGO IL 60673

NON-NEGOTIABLE

Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION STREET
LEHIGHTON, PA 18235
USA

INVOICE

Customer ID:

Customer Name:

Invoice Date:

Invoice Number:

LEHIGHTON AREA SCHOOL DISTRICT

08-18-2026

8015175883

PAID

AUG 28 2026

How To Contact Us

Visit www.stericycle.com

To pay a bill or explore other online tools visit mystericycle.com. Have a question? For Billing, Scheduling or Customer Service call 1-866-783-7422. Hours of operation Monday through Friday from 7 AM to 7 PM CST or visit MyStericycle.com.

Your Payment Is Due

09-17-2026

Payment Terms: Net due in 30 days

Late fees may apply

Total Invoice Charge

\$171.63

Previous Balance

\$482.00

Payments

\$0.00

Adjustments

\$0.00

Current Invoice Charges

\$171.63

Total Account Balance Due

\$653.63

Important Messages

Stericycle has updated its Schedule of Ancillary Charges. For more information, please click the 'Fees' link on www.stericycle.com

Please detach the lower portion with payment (no cash or staples)

CUSTOMER ID	INVOICE DATE	INVOICE NO.	TOTAL INVOICE CHARGE
	08-18-2026	8015175883	\$171.63
CHECK NO.	AMOUNT ENCLOSED		
-	\$ 171.63		

Be sure to write your customer ID on your check

ADDRESSEE

LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION STREET
LEHIGHTON, PA 18235
USA

REMIT TO

Stericycle, Inc.
28883 Network Place
Chicago, IL 60673-1288

Please log onto MyStericycle.com to make an electronic payment.

Stericycle, Inc 1-866-783-7422
 LEHIGHTON AREA SCHOOL DISTRICT

Customer ID

Invoice # 8015175883

Invoice Date 08-18-2026

Details of Service**Details of Service Location:**

Customer ID:

LEHIGHTON AREA SCHOOL DISTRICT 1000 UNION STREET LEHIGHTON, PA 18235

Customer Reference #:

Description	Date	Proof of Service or Manifest	Customer PO	QTY	Rate	Amount
Regular Service Off-site (paper) Console (standard)	07-28-2026	8187306279		1.00		\$117.70
Recycling Recovery						\$16.36
Fuel Surcharge						\$28.25
Env Surcharge						\$4.71
Late Fee	08-17-2026	AUG 28 2026	Late Fee for August 2026	1.00		\$4.61
Sub Total						\$171.63
Site Total						\$171.63

Invoice Sub Total	\$171.63
Total Invoice Charge	\$171.63

Notice to Customer

The orders listed in the above invoice list, which may include regulated medical, biomedical, or infectious wastes, have been or will be treated and/or handled and destroyed to change the character or composition so as to render the waste no longer infectious in accordance with all applicable local, state, and federal regulations and facility permits.

Pymt # 0010029938
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
OCCUPATION	08/18/2026	245.00 10-5130-880-000-00-000-000-090-0000	OCCUPATION TAX-2023-2024 REFUN
Payment Amount:		245.00	

Pymt # 0010029938
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
OCCUPATION	08/18/2026	245.00 10-5130-880-000-00-000-000-090-0000	OCCUPATION TAX-2023-2024 REFUN
Payment Amount:		245.00	

0010029938

08/28/2026

*****245.00

PAY Two Hundred Forty-Five and 00/100 Dollars

To the Order of:

NON-NEGOTIABLE

LEHIGHTON AREA SCHOOL DISTRICT
CHECK REQUEST

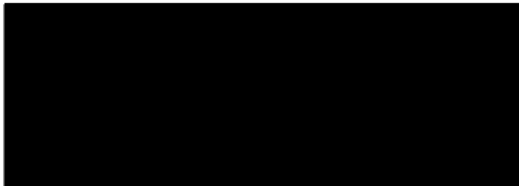
DATE: 8/18/26

PAID

AMOUNT: \$245.00

AUG 28 2026

REQUEST A CHECK FROM General FUND PAYABLE TO:



REASON: 2023 & 2024 Occupation Refund – Disabled

SIGNATURE OF REQUESTOR:

A handwritten signature in dark ink, appearing to be 'DL', written over a horizontal line.

SIGNATURE OF BUSINESS ADMINISTRATOR:

A handwritten signature in dark ink, appearing to be 'G Smith', followed by the date '8/20/26', written over a horizontal line.

.....
ACCOUNT CODE(S):

DEBIT:

10-5130-880-000-00-000-000-090-0000 – \$245.00 - 2023 & 2024 Occupation
Refund – Disabled

(Date)

Lehigh Area School District
Business Administrator
1000 Union St.
Lehigh, PA 18235

PAID

AUG 28 2026

Dear Sir:

I am requesting a refund of my 2023 2024
(Date of Tax Bill)

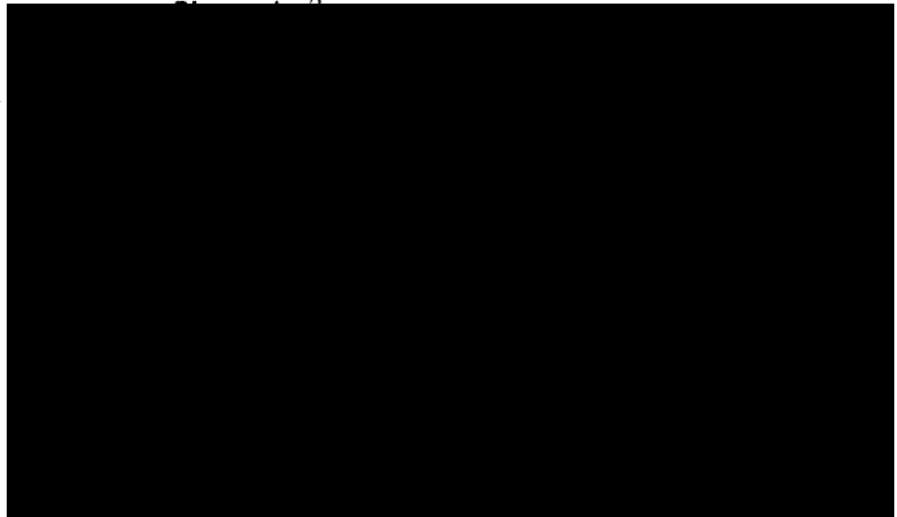
☒ Occupational Tax, ☐ Per Capita Tax, ☐ Real Estate Tax.

The tax was paid in error. As proof, I have attached a copy of my paid tax bill.

The reason for this request is disabled

I have attached documents to prove my eligibility for a refund.

Thank you in advance for your consideration.



[Signature]
(Business Office Approval-Signature)

Vendor: TOSHIBAMB-Toshiba America Business Solutions
PO Box 418600 BOSTON MA 02241-8600

Pymt # 0010029939
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
6378163	08/16/2026	212.86 10-1110-442-000-30-800-000-080-0000	COPIES-HS
6378163	08/16/2026	190.46 10-1110-442-000-20-500-000-050-0000	COPIES-MS
6378163	08/16/2026	490.34 10-1110-442-000-10-200-000-020-0000	COPIES-EC
6378163	08/16/2026	119.44 10-2513-442-000-00-000-000-025-0000	COPIES-ADMIN
Payment Amount:		1013.10	

Vendor: TOSHIBAMB-Toshiba America Business Solution
PO Box 418600 BOSTON MA 02241-8600

Pymt # 0010029939
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
6378163	08/16/2026	212.86 10-1110-442-000-30-800-000-080-0000	COPIES-HS
6378163	08/16/2026	190.46 10-1110-442-000-20-500-000-050-0000	COPIES-MS
6378163	08/16/2026	490.34 10-1110-442-000-10-200-000-020-0000	COPIES-EC
6378163	08/16/2026	119.44 10-2513-442-000-00-000-000-025-0000	COPIES-ADMIN
Payment Amount:		1013.10	

0010029939

08/28/2026

*****1,013.10

PAY One Thousand Thirteen and 10/100 Dollars

To the Order of:

Toshiba America Business Solutions
PO Box 418600
BOSTON MA 02241-8600

NON-NEGOTIABLE

TOSHIBA

TOSHIBA AMERICA BUSINESS
SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

MAINTENANCE INVOICE

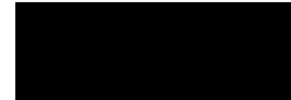
EPA1

Invoice Number: 6378163
Page: 1 of 3
Invoice Date: 16-AUG-26



SHIP TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

Customer Number:
Site ID:



TOTAL DUE \$1,013.10

BILL TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

PAID
AUG 28 2026

REMIT TO: TOSHIBA AMERICA BUSINESS SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

----- PLEASE CUT ALONG LINE AND RETURN WITH REMITTANCE -----

CONTRACT INCLUSIONS	PO NUMBER	CONTRACT NO.	PAYMENT TERMS	CUSTOMER NUMBER		
MA-MTR-LP-M-T			30 NET			
MODEL/SERIAL/LOCATION	METER DESC.	QTY	DESCRIPTION	START METER	END METER	AMOUNT
ESTUDIO6518A / SC2AM37342 EA32566 ADMIN OFFICE	BW		Device Meter Usage: 2690	1559948	1562638	
ESTUDIO6518A / SC2CM38052 EA32568-GUIDANCE	BW		Device Meter Usage: 9396	2554246	2563642	
ESTUDIO6518A / SC2CM38035 EA32570	BW		Device Meter Usage: 576	1100317	1100893	
ESTUDIO6518A / SC2CM38033 EA32565	BW		Device Meter Usage: 1278	1695302	1696580	
ESTUDIO6518A / SC2CM38032 EA32569	BW		Device Meter Usage: 667	740466	741133	
ESTUDIO8518A / SC2EM39100 EA32985 3 INDIAN LN	BW		Device Meter Usage: 5103	837489	842592	
ESTUDIO4515AC / SCNEM37819 EA32921 1 INDIAN LN	BW		Device Meter Usage: 5737	130563	136300	
TOTAL SALES		TAX AMOUNT		FREIGHT AMOUNT		TOTAL DUE
\$1,013.10		\$0.00		\$0.00		\$1,013.10

2/8/26



TAKE THE HASSLE OUT OF PRINTING

SIMPLE, SECURE PRINTING FOR THE ANYWHERE WORKFORCE

e-BRIDGE® Global Print is easy to set up and start printing. Just send print jobs directly to cloud-connected Toshiba MFPs and release when at the printer of your choice.

Learn more: Connect with your Toshiba professional today for details and a quick demo.

Toshiba Business Solutions 319 COMMERCE CT, STE 108, POTTSTOWN, PA 19464-3432 Phone: 610-350-2000

2563-M95-M41-08162026



TOSHIBA AMERICA BUSINESS
SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

MAINTENANCE INVOICE

EPAI

Invoice Number: 6378163
Page: 2 of 3
Invoice Date: 16-AUG-26



SHIP TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

Customer Number:
Site ID:



TOTAL DUE \$1,013.10

BILL TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

REMIT TO: TOSHIBA AMERICA BUSINESS SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

----- PLEASE CUT ALONG LINE AND RETURN WITH REMITTANCE -----

CONTRACT INCLUSIONS		PO NUMBER		CONTRACT NO.	PAYMENT TERMS	CUSTOMER NUMBER	
MA-MTR-LP-M-T					30 NET		
MODEL/SERIAL/LOCATION	METER DESC.	QTY	DESCRIPTION		START METER	END METER	AMOUNT
ESTUDIO4515AC / SCNEM37817 EA32973 1000 UNION ST	BW		Device Meter Usage: 6875		146820	153695	
ESTUDIO6518A / SC2CM38037 EA32567 BACK OF OFFICE	BW		Device Meter Usage: 13661		487939	501600	
ESTUDIO8518A / SC2EM39270 EA32982 301 BEAVER RUN RD	BW		Device Meter Usage: 3652		617728	621380	
ESTUDIO6518A / SC2CM38011 EA32571	BW		Device Meter Usage: 592		1274941	1275533	
ESTUDIO4518A / SCZBM60185 EA32484	BW		Device Meter Usage: 1276		980256	981532	
ESTUDIO6518A / SC2JL35520 EA32483 ADMIN OFFICE	BW		Device Meter Usage: 2398		1425750	1428148	
ESTUDIO4515AC / SCNEM37827 EA32972 3 INDIAN LN	BW		Device Meter Usage: 9874		386346	396220	
		63775	CPC BILLING - 07/15/2026 - 08/14/2026				\$379.25
ESTUDIO4515AC / SCNEM37819 EA32921 1 INDIAN LN	CLR		Device Meter Usage: 4481		49173	53654	
ESTUDIO4515AC / SCNEM37827 EA32972 3 INDIAN LN	CLR		Device Meter Usage: 3524		110259	113783	
ESTUDIO4515AC / SCNEM37817 EA32973 1000 UNION ST	CLR		Device Meter Usage: 2977		122945	125922	

PAID

AUG 28 2026



TOSHIBA AMERICA BUSINESS
SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

MAINTENANCE INVOICE

EPA1

Invoice Number: 6378163
Page: 3 of 3
Invoice Date: 16-AUG-26



SHIP TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

Customer Number:
Site ID:



TOTAL DUE \$1,013.10

BILL TO: LEHIGHTON AREA SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON, PA 18235-1700

REMIT TO: TOSHIBA AMERICA BUSINESS SOLUTIONS
P.O. BOX 418600
BOSTON, MA 02241-8600

----- PLEASE CUT ALONG LINE AND RETURN WITH REMITTANCE -----

CONTRACT INCLUSIONS	PO NUMBER	CONTRACT NO.	PAYMENT TERMS	CUSTOMER NUMBER
MA-MTR-LP-M-T			30 NET	

MODEL/SERIAL/LOCATION	METER DESC.	QTY	DESCRIPTION	START METER	END METER	AMOUNT
-----------------------	----------------	-----	-------------	----------------	--------------	--------

10982 CPC BILLING - 07/15/2026 - 08/14/2026 \$633.85

^ MONTHLY USAGE MAINTENANCE ^

PAID

AUG 28 2026

Vendor: Toshiba-P-Toshiba America Business Solutions
PO Box 070241 PHILADELPHIA PA 19176-0241

Pymt # 0010029940
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
5039898996	08/21/2026	414.87 10-1110-442-000-30-800-000-080-0000	COPIERS-HS
5039898996	08/21/2026	371.22 10-1110-442-000-20-500-000-050-0000	COPIERS-MS
5039898996	08/21/2026	955.70 10-1110-442-000-10-200-000-020-0000	COPIERS-EC
5039898996	08/21/2026	232.80 10-2513-442-000-00-000-000-025-0000	COPIERS-ADMIN
Payment Amount:		1974.59	

Vendor: Toshiba-P-Toshiba America Business Solution
PO Box 070241 PHILADELPHIA PA 19176-0241

Pymt # 0010029940
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
5039898996	08/21/2026	414.87 10-1110-442-000-30-800-000-080-0000	COPIERS-HS
5039898996	08/21/2026	371.22 10-1110-442-000-20-500-000-050-0000	COPIERS-MS
5039898996	08/21/2026	955.70 10-1110-442-000-10-200-000-020-0000	COPIERS-EC
5039898996	08/21/2026	232.80 10-2513-442-000-00-000-000-025-0000	COPIERS-ADMIN
Payment Amount:		1974.59	

0010029940

08/28/2026

*****1,974.59

PAY One Thousand Nine Hundred Seventy-Four and 59/100 Dollars

To the Order of:

Toshiba America Business Solutions
PO Box 070241
PHILADELPHIA PA 19176-0241

NON-NEGOTIABLE

Customer Care**Hours of Operation**

M-F, 7am - 6pm CT

Telephone

877-222-5617

Payments

Toshiba America Business

Solutions Inc

PO Box 70241

Philadelphia, PA 19176-0241

Emailcustomerservice@financialservicing.net**Online Services**<https://onlinemyaccounts.com>

Accounts Payable
Lehigh Area School District
1000 Union Street
Lehigh, PA 18235

Invoice Summary**Contract Number****Customer Number****Invoice Number**

5039898996

Due Date

10/07/2026

Invoice Date

08/21/2026

Total Due

\$1,974.59

PAID**AUG 28 2026**

Last Payment \$1,974.59
posted on 08/09/2026

Important Messages

This invoice represents current charges only and does not include previously invoiced and unpaid charges.

Your contract/s are on email billing. Please contact Customer Care at the number listed on this invoice to update or add additional email addresses.

Make the Switch to recurring ACH Payments — It's Fast, Secure, Effortless, and FREE! Why risk possible delays with mailing a check? Electronic payments save you time, reduce errors, and offer peace of mind with secure processing. Plus, you'll help reduce environmental waste and streamline your financial management. You can head to the online section of your invoice above to get everything set up. Join the smarter way to pay — go electronic today.

Contract Number	Asset Description	Model/Serial Number	Asset Location
	Toshiba Copier	e-STUDIO4515AC SCNEM37817	1000 Union Street Lehigh, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2CM38052	1 Indian Lane Lehigh, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2CM38033	3 Indian Lane Lehigh, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2JL35520	3 Indian Lane Lehigh, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2AM37342	3 Indian Lane Lehigh, PA 18235
	Toshiba Copier	e-STUDIO6518A SC2CM38032	301 Beaver Run Road Lehigh, PA 18235

Continued on the next page

Detach and return the bottom remittance portion with your payment. Include invoice number on check.

Customer Care
PO Box 659713
San Antonio, TX 78265-9713

Contract Number

Invoice Number

5039898996

Due Date

10/07/2026

Invoice Date

08/21/2026

Total Due

\$1,974.59

Amount Enclosed

\$

1974.59

Please make check payable to:

Accounts Payable
Lehigh Area School District
1000 Union Street
Lehigh, PA 18235

Toshiba America Business Solutions Inc
PO Box 70241
Philadelphia, PA 19176-0241

Invoice Number: 5039898996
 Customer Number: [REDACTED]

Contract Number	Asset Description	Model/Serial Number	Asset Location			
	Toshiba Copier	e-STUDIO6518A SC2CM38035	301 Beaver Run Road Lehigh, PA 18235			
	Toshiba Copier	e-STUDIO8518A SC2EM39100	3 Indian Lane Lehigh, PA 18235			
	Toshiba Copier	e-STUDIO8518A SC2EM39270	301 Beaver Run Road Lehigh, PA 18235			
	Toshiba Copier	e-STUDIO4515AC SCNEM37819	1 Indian Lane Lehigh, PA 18235			
	Toshiba Copier	e-STUDIO4518A SCZBM60185	1 Indian Lane Lehigh, PA 18235			
	Toshiba Copier	e-STUDIO6518A SC2CM38011	3 Indian Lane Lehigh, PA 18235			
	Toshiba Copier	e-STUDIO6518A SC2CM38037	1000 Union Street Lehigh, PA 18235			
	Toshiba Copier	e-STUDIO4515AC SCNEM37827	3 Indian Lane Lehigh, PA 18235			
	Item Description	Amount	Tax	Item Total	Due Date	Subtotal
	Payment Amount	1,974.59		1,974.59	10/07/2026	\$1,974.59
450-0047827-000 Total Charges:						\$1,974.59
Invoice Total:						\$1,974.59

PAID
 AUG 28 2026

Vendor: UGI UTIL-UGI Utilities Inc.
PO Box 15503 WILMINGTON DE 19886-5503

Pymt # 0010029941
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
509004323467	08/13/2026	51.60 10-2620-621-000-00-100-000-026-0000	NATURAL GAS TRANSPORTATION-AUG
518002809861	08/13/2026	469.76 10-2620-621-000-10-200-000-026-0000	NATURAL GAS TRANSPORTATION-AUG
Payment Amount:		521.36	

Vendor: UGI UTIL-UGI Utilities Inc.
PO Box 15503 WILMINGTON DE 19886-5503

Pymt # 0010029941
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
509004323467	08/13/2026	51.60 10-2620-621-000-00-100-000-026-0000	NATURAL GAS TRANSPORTATION-AUG
518002809861	08/13/2026	469.76 10-2620-621-000-10-200-000-026-0000	NATURAL GAS TRANSPORTATION-AUG
Payment Amount:		521.36	

0010029941

08/28/2026

*****521.36

PAY Five Hundred Twenty-One and 36/100 Dollars

To the Order of:

UGI Utilities Inc.
PO Box 15503
WILMINGTON DE 19886-5503

NON-NEGOTIABLE



Energy to do more®

Billing Summary for Service to:

LEHIGHTON SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON PA 18235-1700

Rate Classification (NT):

Commercial Heating Service-CC

Billing Period:

07/16/2026 to 08/13/2026 (29 days)

Actual Read

Questions?

Call (800) 276-2722 or write to UGI at

PO Box 13009

Reading, PA 19612-3009

*Your current UGI charges include State
taxes totaling about \$0.66.

Fed I. D. 23-1174060

Past Bill Information

The balance on your last bill was \$58.96
Thank you for your payment of -58.96
Amount due as of 08/14/2026 0.00

Current Bill Information

Customer Charge 36.42
Distribution Charges 15.14
Natural Gas System Improvement Charge 0.03
PA State Tax Surcharge 0.01
Current Charges 51.60

Utility charges owed this bill \$51.60

Current Bill Information - NRG BUSINESS MARKETING LLC

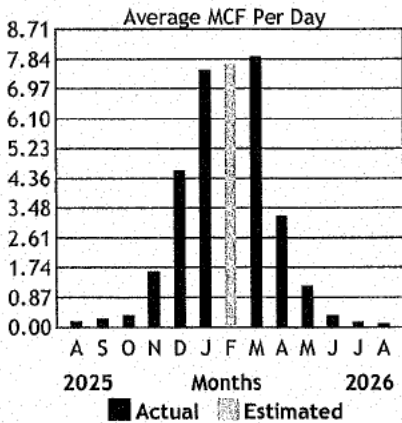
NRG BUSINESS MARKETING LLC is responsible for billing your
natural gas costs.

Total Amount Due By 09/14/2026 \$51.60

PAID

AUG 28 2026

102020-621-000-00-100-000-024



Average	Last Year	This Year
MCF/Day	0.17	0.12
Daily Temperature	73°F	72°F

Meter Information - Next Read Date September 14, 2026

Meter Number	Previous Reading	Present Reading	CCF Used	MCF Used
171268	81903	81938	35	3.5

Shopping Information Box

- UGI Natural Gas Price to Compare is \$7.53110/MCF.
- When shopping for natural gas with a Natural Gas Supplier, please provide the following data below. If you are already shopping, know your contract expiration date.

Account Number: [REDACTED]

Rate Schedule: NT_H

Supplier Information

■ NRG BUSINESS MARKETING LLC
804 CARNEGIE CENTER
PRINCETON NJ 08540 or Phone Number 844-737-6742

- Commodity prices and charges are set by the natural gas supplier you have chosen. The Public Utility Commission regulates distribution prices and services.

If you pay at a payment agent please take your entire bill. Make check payable to UGI.
Keep this part for your records. Important information is on the back of this bill.



Energy to do more®

UGI Utilities, Inc.
PO Box 15503
Wilmington, DE 19850-5503

Account Number [REDACTED]

Please pay by the due date
to avoid the late charge.
Please return this portion
with your payment.

AV 01 011103 96916H 46 A**5DGT

LEHIGHTON SCHOOL DISTRICT
1000 UNION ST
LEHIGHTON PA 18235-1700

Due Date

September 14, 2026

Amount Due

\$51.60

With Late Charge

\$54.18



Energy to do more®

Billing Summary for Service to:
LEHIGHTON ELEMENTARY CENTER
3 INDIAN LN SCHOOL
LEHIGHTON PA 18235

Rate Classification (NT):
Commercial Heating Service-CC

Billing Period:

07/16/2026 to 08/13/2026 (29 days)

Actual Read

Questions?

Call (800) 276-2722 or write to UGI at
PO Box 13009

Reading, PA 19612-3009

*Your current UGI charges include State
taxes totaling about \$5.97.

Fed I. D. 23-1174060

Past Bill Information

The balance on your last bill was..... \$684.48
Thank you for your payment of..... -684.48
Amount due as of 08/14/2026..... 0.00

Account Number

Current Bill Information

Customer Charge..... 36.42
Distribution Charges..... 433.06
Natural Gas System Improvement Charge..... 0.23
PA State Tax Surcharge..... 0.05
Current Charges..... 469.76

Utility charges owed this bill..... \$469.76

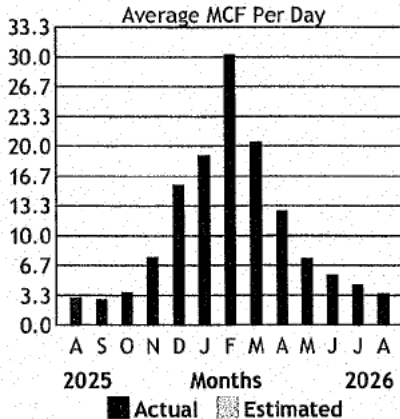
Current Bill Information - NRG BUSINESS MARKETING LLC
NRG BUSINESS MARKETING LLC is responsible for billing your
natural gas costs.

Total Amount Due By 09/14/2026..... \$469.76

PAID

AUG 28 2026

10-2620-621-000-10-200-000-026



Average	Last Year	This Year
MCF/Day	3.1	3.5
Daily Temperature	73°F	72°F

Meter Information - Next Read Date September 14, 2026

Meter Number	Previous Reading	Present Reading	CCF Used	MCF Used
171163	281580	282581	1001	100.1

Shopping Information Box

- UGI Natural Gas Price to Compare is \$7.53110/MCF.
- When shopping for natural gas with a Natural Gas Supplier, please provide the following data below. If you are already shopping, know your contract expiration date.

Account Number: [REDACTED] Rate Schedule: NT_H

Supplier Information

■ NRG BUSINESS MARKETING LLC
804 CARNEGIE CENTER
PRINCETON NJ 08540 or Phone Number 844-737-6742

■ Commodity prices and charges are set by the natural gas supplier you have chosen. The Public Utility Commission regulates distribution prices and services.

If you pay at a payment agent please take your entire bill. Make check payable to UGI.
Keep this part for your records. Important information is on the back of this bill.



Energy to do more®

UGI Utilities, Inc.
PO Box 15503
Wilmington, DE 19850-5503

Account Number

Please pay by the due date to avoid the late charge.
Please return this portion with your payment.

Due Date

September 14, 2026

Amount Due

\$469.76

With Late Charge

\$493.25

AV 01 011088 96916H 46 A**5DGT

LEHIGHTON ELEMENTARY CENTER

C/O : MR. BRIAN FEICK

1000 UNION ST

LEHIGHTON PA 18235-1700

Vendor: US OMNI-US OMNI & TSACG Compliance Service
P O Box 2799 FORT WALTON BEACH FL 32549-2799

Pymt # 0010029942
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
137958	08/17/2026	138.00 10-2513-330-000-00-000-000-025-0000	COMPLIANCE SERVICES-JULY 26
Payment Amount:		138.00	

Vendor: US OMNI-US OMNI & TSACG Compliance Service
P O Box 2799 FORT WALTON BEACH FL 32549-2799

Pymt # 0010029942
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
137958	08/17/2026	138.00 10-2513-330-000-00-000-000-025-0000	COMPLIANCE SERVICES-JULY 26
Payment Amount:		138.00	

0010029942

08/28/2026

*****138.00

PAY One Hundred Thirty-Eight and 00/100 Dollars

To the Order of:

US OMNI & TSACG Compliance Service
P O Box 2799
FORT WALTON BEACH FL 32549-2799

NON-NEGOTIABLE



Date	Invoice #
8/17/2026	137958

P.O. Box 2799
Fort Walton Beach, FL 32549-2799

PAID
AUG 28 2026

For: 403(b) and/or 457(b) Retirement
Plan Administration & Compliance Services

BILL TO:		
Lehighton Area School District		
1000 Union Street		
Lehighton	PA	18235

Vendor Number
PO Number

Terms	Due Date
Net 30	9/17/2026

An Asterisk (*), if shown, indicates an adjustment.

Description	Count	Period	Rate	Amount
Lehighton Area School District	69	Jul 2026	\$2.00	\$138.00
Count TOTAL	69	BALANCE DUE		\$138.00

Please remit Payment to: US OMNI & TSACG Compliance Services P.O. Box 2799 Fort Walton Beach, FL 32549-2799	Telephone 1-888-777-5827
	Email finance@tsacg.com

10-2513-330 000-00-000-025

028/2026

For accurate payment processing please include the invoice number on all payments.

Please be advised: The billing information contained in this invoice is derived directly from data received from Plan Sponsor and/or Authorized Investment Provider(s). These amounts are only for those Plan Sponsors that have executed the applicable Plan Administration Agreement with US Omni & TSACG Compliance Services, and for which the Investment Provider is listed as authorized. Amounts are calculated based on the number of contributing participants in each plan (403(b) or 457(b)) per employer.

Vendor: VISION BE-Vision Benefits of America
PO Box 74008623 CHICAGO IL 60674-8623

Pymt # 0010029943
08/28/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			2027.11		
SEE PAYMENT DETAIL LISTING					

Vendor: VISION BE-Vision Benefits of America
PO Box 74008623 CHICAGO IL 60674-8623

Pymt # 0010029943
08/28/2026

Invoice #	Invoice Date	PO #	Amount	Account Code	Description
Payment Amount:			2027.11		
SEE PAYMENT DETAIL LISTING					

0010029943

08/28/2026

*****2,027.11

PAY Two Thousand Twenty-Seven and 11/100 Dollars

To the Order of:

Vision Benefits of America
PO Box 74008623
CHICAGO IL 60674-8623

NON-NEGOTIABLE

Payment Detail Listing

Vision Benefits of America (VISION BE)
PO Box 74008623
CHICAGO IL 60674-8623

Payment Number: 0010029943
Payment Date: 08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
1984492	09/01/2026	282.48 10-0462-215-000-00-000-000-0000	VISION BILL-SEPT 26
1984492	09/01/2026	2.62 10-1225-215-000-30-800-000-000-0000	SPEECH VISION HIGH SCHOOL
1984492	09/01/2026	2.97 10-2240-215-000-00-000-000-000-0000	EYE CARE INSURANCE
1984492	09/01/2026	2.97 10-2140-215-000-20-500-000-000-0000	Pysch Vision MS
1984492	09/01/2026	3.66 10-2140-215-000-30-800-000-000-0000	Pysch Vision HS
1984492	09/01/2026	4.54 10-2839-215-000-00-000-000-000-0000	EYE CARE INSURANCE
1984492	09/01/2026	7.50 10-2611-215-000-00-000-000-000-0000	Oper/Main Vision
1984492	09/01/2026	7.50 10-2514-215-000-00-000-000-000-0000	Payroll Vision
1984492	09/01/2026	7.50 10-2440-215-000-30-800-000-000-0000	NURSE VISION HIGH SCHOOL
1984492	09/01/2026	7.50 10-2440-215-000-20-500-000-000-0000	NURSE VISION MIDDLE SCHOOL
1984492	09/01/2026	7.50 10-2250-215-000-30-800-000-000-0000	LIBRARIAN VISION HIGH SCHOOL
1984492	09/01/2026	7.50 10-2250-215-000-10-200-000-000-0000	Librarian Vision EC
1984492	09/01/2026	7.50 10-2190-215-000-00-000-000-000-0000	EYE CARE INSURANCE
1984492	09/01/2026	7.50 10-2170-215-000-00-000-000-000-0000	EYE CARE INSURANCE
1984492	09/01/2026	7.50 10-2160-215-000-30-800-000-000-0000	Social Worker Vision HS
1984492	09/01/2026	7.50 10-2160-215-000-20-500-000-000-0000	Social Worker Vision MS
1984492	09/01/2026	7.50 10-2160-215-000-10-200-000-000-0000	EYE CARE INSURANCE
1984492	09/01/2026	7.50 10-2125-215-000-30-800-000-000-0000	GUIDANCE VISION HIGH SCHOOL
1984492	09/01/2026	7.50 10-2125-215-000-20-500-000-000-0000	GUIDANCE VISION MIDDLE SCHOOL
1984492	09/01/2026	7.50 10-1241-282-000-30-800-000-000-0000	LS OPEB Dental
1984492	09/01/2026	7.50 10-1211-215-000-30-800-000-000-0000	LIFE SKILLS VISION HIGH SCHOOL
1984492	09/01/2026	8.20 10-2140-215-000-10-200-000-000-0000	Pysch Vision EC
1984492	09/01/2026	11.17 10-3250-215-000-00-000-000-000-0000	Athletics Vision
1984492	09/01/2026	12.39 10-1225-215-000-10-200-000-000-0000	Speech Vision EC
1984492	09/01/2026	15.00 10-2620-215-000-00-000-000-000-0000	Oper Bld Srvs Vision
1984492	09/01/2026	15.00 10-2440-215-000-10-200-000-000-0000	NURSE VISION EC
1984492	09/01/2026	15.00 10-2360-215-000-00-000-000-000-0000	SUPERERINTENDENT VISION
1984492	09/01/2026	15.00 10-2269-215-000-00-000-000-012-0000	Special Ed Vision
1984492	09/01/2026	15.00 10-2250-215-000-20-500-000-000-0000	LIBRARIAN VISION MIDDLE SCHOOL
1984492	09/01/2026	15.00 10-2120-215-000-30-800-000-000-0000	GUIDANCE VISION HIGH SCHOOL
1984492	09/01/2026	15.00 10-2120-215-000-20-500-000-000-0000	GUIDANCE VISION MIDDLE SCHOOL
1984492	09/01/2026	15.00 10-1801-215-217-10-200-000-000-0000	Pre K Vision Insurance
1984492	09/01/2026	17.97 10-2513-215-000-00-000-000-000-0000	Business Vision
1984492	09/01/2026	17.97 10-2260-215-000-00-000-000-000-0000	CURR/GRANT VISION
1984492	09/01/2026	22.51 10-2380-215-000-20-500-000-000-0000	PRINCIPAL VISION MIDDLE SCHOOL
1984492	09/01/2026	22.51 10-2120-215-000-10-200-000-000-0000	Guidance Vision EC
1984492	09/01/2026	22.51 10-1231-215-000-30-800-000-000-0000	EMOTIONAL SUPPORT VISION H/S
1984492	09/01/2026	22.51 10-1231-215-000-20-500-000-000-0000	EMOTIONAL SUPPORT VISION M/S
1984492	09/01/2026	22.51 10-1211-215-000-20-500-000-000-0000	LIFE SKILLS VISION M/S
1984492	09/01/2026	22.51 10-0132-000-000-00-000-000-000-0000	DUE FROM FOOD SERVICE
1984492	09/01/2026	23.90 10-2818-215-000-00-000-000-000-0000	TECHNOLOGY VISION
1984492	09/01/2026	26.17 10-2380-215-000-30-800-000-000-0000	PRINCIPAL VISION HIGH SCHOOL
1984492	09/01/2026	30.01 10-2620-215-000-30-800-000-000-0000	Oper/Maint Vision HS
1984492	09/01/2026	30.01 10-2620-215-000-20-500-000-000-0000	Oper Bld Srvs Vision MS
1984492	09/01/2026	30.01 10-2380-215-000-10-200-000-000-0000	Principal Vision EC
1984492	09/01/2026	37.51 10-2620-215-000-10-200-000-000-0000	Oper Bld Servs Vision EC
1984492	09/01/2026	37.51 10-1211-215-000-10-200-000-000-0000	Life Skills Vision EC
1984492	09/01/2026	45.01 10-1241-215-000-20-500-000-000-0000	LEARNING SUPPORT VISION M/S
1984492	09/01/2026	45.01 10-1231-215-000-10-200-000-000-0000	Emotional Support Vision EC
1984492	09/01/2026	52.51 10-1241-215-000-10-200-000-000-0000	Learning Support Vision EC
1984492	09/01/2026	74.84 10-1241-215-000-30-800-000-000-0000	LEARNING SUPPORT VISION H/S
1984492	09/01/2026	209.70 10-1110-215-000-20-500-000-000-0000	Instruction Vision MS
1984492	09/01/2026	247.04 10-1110-215-000-30-800-000-000-0000	Instruction Vision High School
1984492	09/01/2026	403.38 10-1110-215-000-10-200-000-000-0000	Instruction vision elem

Payment Amount:

2027.11



Expert Solutions. Exceptional Service.

400 Lydia Street, Suite 300, Carnegie, PA 15106

PHONE: (412) 881-4900 or (800) 432-4955

FAX: (412) 881-4898

www.vbaplans.com

PAID

AUG 28 2026

PREMIUM COVERAGE MONTH: September 2026

INVOICE #: 1984492

LEHIGHTON AREA SCHOOL DISTRICT

1000 UNION STREET
LEHIGHTON, PA 18235

INVOICE DUE DATE: SEP 01, 2026

PREMIUM DUE: \$2,027.11

EMPLOYEES: 227

Group **LEHIGHTON AREA SCHOOL DISTRICT**

PREVIOUS BALANCE				\$4,197.10
PAYMENTS RECEIVED AS OF AUG 11				(\$4,197.10)
OTHER ADJUSTMENTS				\$0.00
OPEN BALANCE				\$0.00
Coverage	Qty	Rate	Amt Billed	
Composite	227	\$8.93	\$2,027.11	
	227		\$2,027.11	
RETROACTIVE ADDITIONS/TERMINATIONS				\$0.00
TOTAL NEW CHARGES				\$2,027.11
AMOUNT DUE				\$2,027.11

cf 8/25/24

PAYOR

Group **LEHIGHTON AREA SCHOOL DISTRICT**

1000 UNION STREET
LEHIGHTON, PA 18235

PAYMENT COUPON

(detach and return with check / write Invoice # on check)

Make checks payable to: VISION BENEFITS OF AMERICA

INVOICE #: 1984492

RETURN PAYMENT TO:

VISION BENEFITS OF AMERICA INC
P.O. BOX 74008623
CHICAGO, IL 60674-8623

INVOICE DUE DATE:

SEP 01, 2026

PREMIUM DUE:

\$2,027.11

PREMIUM PAID:

\$ 2027.11

Vendor: WASTE MAN-Waste Management
PO Box 13648 PHILADELPHIA PA 19101-3648

Pymt # 0010029944
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
4040374-0203-3	08/18/2026	339.63 10-2620-411-000-10-200-000-026-0000	DISPOSAL SERVICES-EC
4040374-0203-3	08/18/2026	250.13 10-2620-411-000-20-500-000-026-0000	DISPOSAL SERVICES-MS
4040374-0203-3	08/18/2026	500.26 10-2620-411-000-30-800-000-026-0000	DISPOSAL SERVICES-HS
4040374-0203-3	08/18/2026	214.86 10-2620-411-000-00-100-000-026-0000	DISPOSAL SERVICES-ADMIN
Payment Amount:		1304.88	

Vendor: WASTE MAN-Waste Management
PO Box 13648 PHILADELPHIA PA 19101-3648

Pymt # 0010029944
08/28/2026

Invoice #	Invoice Date PO #	Amount Account Code	Description
4040374-0203-3	08/18/2026	339.63 10-2620-411-000-10-200-000-026-0000	DISPOSAL SERVICES-EC
4040374-0203-3	08/18/2026	250.13 10-2620-411-000-20-500-000-026-0000	DISPOSAL SERVICES-MS
4040374-0203-3	08/18/2026	500.26 10-2620-411-000-30-800-000-026-0000	DISPOSAL SERVICES-HS
4040374-0203-3	08/18/2026	214.86 10-2620-411-000-00-100-000-026-0000	DISPOSAL SERVICES-ADMIN
Payment Amount:		1304.88	

0010029944

08/28/2026

*****1,304.88

PAY One Thousand Three Hundred Four and 88/100 Dollars

To the Order of:

Waste Management
PO Box 13648
PHILADELPHIA PA 19101-3648

NON-NEGOTIABLE



INVOICE

Page 1 of 4

Customer ID:

Customer Name:

Service Period:

Invoice Date:

Invoice Number:

LEHIGHTON AREA SCHOOL

09/01/26-09/30/26

08/18/2026

4040374-0203-3

How to Contact Us**Visit wm.com/MyWM**

Create a My WM profile for easy access to your pickup schedule, service alerts and online tools for billing and more. Have a question? Check our support center or start a chat.



Customer Service: (800) 642-8850

Your Payment is Due**09/17/2026**

If full payment of the invoiced amount is not received within your contractual terms, you may be charged a monthly late charge of 2.5% of the unpaid amount, with a minimum monthly charge of \$5, or such late charge allowed under applicable law, regulation or contract.

Your Total Due**\$2,168.04**

- 843.16 pd 8/5/26
10029808
1304.88

PAID

AUG 28 2026

Previous Balance

4,254.47

+

Payments

(3,391.31)

+

Adjustments

0.00

+

Current Invoice Charges

1,304.88

=

Total Account Balance Due

2,168.04

DETAILS OF SERVICE**Details for Service Location:**

Lehigh Area Sd Admin, 1000 Union St, Lehigh PA 18235-1700

Customer ID:

10-2400-41-000-00-100-0002-6

Description	Date	Ticket	Quantity	Amount
6 Yard Dumpster Service	07/21/26	433869	1.00	34.27
Ticket Total				34.27
6 Yard Dumpster Service	07/28/26	454438	1.00	34.27
Ticket Total				34.27
8 Yard Dumpster Service - Recycle Materials	07/29/26	457067	1.00	43.51
Ticket Total				43.51
6 Yard Dumpster Service	08/04/26	475404	1.00	34.27
Ticket Total				34.27



Please detach and send the lower portion with payment --- (no cash or staples) ---



WASTE MANAGEMENT OF PENNSYLVANIA, INC.
PEN ARGYL HAULING
PO BOX 3020
MONROE, WI 53566-8320
(800) 642-8850

Invoice Date

08/18/2026

Invoice Number

4040374-0203-3

Customer ID

(Include with your payment)

Payment Terms

Total Due by 09/17/2026

Total Due

\$2,168.04

Amount

1304.88



0014794 02 H 0.672 **AUTO T1 0 7228 18235-170000 -C04-P14808-11

I0061C84

LEHIGHTON AREA SCHOOL
1000 UNION ST
LEHIGHTON PA 18235-1700



Remit To:

WM CORPORATE SERVICES, INC.
AS PAYMENT AGENT
PO BOX 13648
PHILADELPHIA, PA 19101-3648

203-0027869-0203-7

Printed on
recycled paper.

DETAILS OF SERVICE - continued

Details for Service Location:

Lehigh Area Sd Admin, 1000 Union St, Lehigh PA 18235-1700

Customer ID: [REDACTED]

Description	Date	Ticket	Quantity	Amount
6 Yard Dumpster Service	08/11/26	494409	1.00	34.27
Ticket Total				34.27
6 Yard Dumpster Service	08/14/26	504610	1.00	34.27
Ticket Total				34.27
6 Yard Dumpster Container Service Charge USAGE CHARGE	09/01/26		1.00	0.00
Total Charges for Service Location				214.86

PAID

AUG 28 2026

GREENER WAYS TO PAY

Please choose one of these sustainable payment options:

**AutoPay**Set up recurring payments with us at wm.com/myaccount**Online**Use wm.com for quick and easy payments**By Phone**

Pay 24/7 by calling 866-964-2729

HOW TO READ YOUR INVOICE

Visit wm.com/MyWM		10/25/2022		Your Total Due \$123.45 If payment is received after 10/25/2022 \$128.45	
Previous Balance	+	Payments	+	Adjustments	+
\$123.45		(\$123.45)		0.00	
			+	Current Invoice Charges	=
				\$123.45	Total Account Balance Due
					\$123.45

DETAILS OF SERVICE

Invoice for Service Location: [REDACTED] Date Paid: 10/25/2022

Customer ID: [REDACTED]

Description	Unit	Rate	Quantity	Amount
WM STATE SOLID WASTE TAX @ 2.5%		1.00	1.00	2.50
COUNTY ENVIRONMENTAL CHARGE		1.00	1.00	1.00
Total Current Charges				3.50

- 1** Your Total Due is the total amount of current charges and any previous unpaid Balances combined. This also states the date payment is due to WM, anything beyond that date may incur additional charges.
- 2** Previous balance is the total due from your previous invoice. We subtract any Payments Received/Adjustments and add your Current Charges from this billing cycle to get a Total Due on this invoice. If you have not paid all or a portion of your previous balance, please pay the entire Total Due to avoid a late charge or service interruption.
- 3** Service location details the total current charges of this invoice.

New Payment Platform

Here are more details about our enhanced online bill-pay system. Powered by Paymentus, the platform will provide more options and flexibility when managing and paying your bills.

**Expanded payment options.**

Pay with PayPal, Apple Pay, or Google Pay; via secure direct debit from a bank account; or by credit or debit card.

Anytime, anywhere payments.

Same great 24/7 availability so you can make payments when convenient or set it and forget it with AutoPay.

Complete Hub for account activity.

Continue to view and manage your bills directly from **My WM** (wm.com/mywm).

If your service is suspended for non-payment, you may be charged a Resume charge to restart your service. For each returned check, a charge will be assessed on your next invoice equal to the maximum amount permitted by applicable state law.

☐ Check Here to Change Contact Info

List your new billing information below. For a change of service address, please contact WM.

Address 1	
Address 2	
City	
State	
Zip	
Email	
Date Valid	

☐ Check Here to Sign Up for Automatic Payment Enrollment

If I enroll in Automatic Payment services, I authorize WM to pay my invoice by electronically deducting money from my bank account. I can cancel authorization by notifying WM at wm.com or by calling the customer service number listed on my invoice. Your enrollment could take 1-2 billing cycles for Automatic Payments to take effect. Continue to submit payment until page one of your invoice reflects that your payment will be deducted.

Email	
Date	
Bank Account Holder Signature	

NOTICE: By sending your check, you are authorizing the Company to use information on your check to make a one-time electronic debit to your account at the financial institution indicated on your check. The electronic debit will be for the amount of your check and may occur as soon as the same day we receive your check.

In order for us to service your account or to collect any amounts you may owe (for non-marketing or solicitation purposes), we may contact you by telephone at any telephone number that you provided in connection with your account, including wireless telephone numbers, which could result in charges to you. Methods of contact may include text messages and using pre-recorded/artificial voice messages and/or use of an automatic dialing device, as applicable. We may also contact you by email or other methods as provided in our contract.

Please send all bankruptcy correspondence to RMCbankruptcy@wm.com or 800 Capitol St. Ste 3000, Houston TX 77002. Using the email option will expedite your request. (this language is in compliance with 11 USC 342(c)(2) of the Bankruptcy Code)

**Customer ID:**

Customer Name:

Service Period:

Invoice Date:

Invoice Number:

LEHIGHTON AREA SCHOOL

09/01/26-09/30/26

08/18/2026

4040374-0203-3

DETAILS OF SERVICE - continued**Details for Service Location:**

Lehigh Area Sd High School, 1 Indian Ln, Lehigh PA 18235-1192

Customer ID:

10-2620-411-000-30-800-000-02-6

Description	Date	Ticket	Quantity	Amount
8 Yard Dumpster Service	07/21/26	433871	2.00	56.82
Ticket Total				56.82
8 Yard Dumpster Service	07/28/26	454440	2.00	56.82
Ticket Total				56.82
10 Yard Dumpster Service - Recycle Materials	07/29/26	457066	1.00	51.26
Ticket Total				51.26
8 Yard Dumpster Service	08/04/26	475406	2.00	56.82
Ticket Total				56.82
8 Yard Dumpster Service	08/11/26	494411	2.00	56.82
Ticket Total				56.82
10 Yard Dumpster Service - Recycle Materials	08/12/26	496785	1.00	51.26
Ticket Total				51.26
8 Yard Dumpster Service	08/13/26	500246	2.00	56.82
Ticket Total				56.82
8 Yard Dumpster Service	08/14/26	504612	2.00	56.82
Ticket Total				56.82
8 Yard Dumpster Service	08/17/26	508306	2.00	56.82
Ticket Total				56.82
Total Charges for Service Location				500.26

PAID

AUG 28 2026

Details for Service Location:

Lehigh Area Sd Middle, 301 Beaver Run Rd, Lehigh PA 18235-1130

Customer ID:

10-2620-411-000-20-500-000-02-6

Description	Date	Ticket	Quantity	Amount
8 Yard Dumpster Service	07/21/26	433872	1.00	28.41
Ticket Total				28.41
8 Yard Dumpster Service	07/28/26	454441	1.00	28.41
Ticket Total				28.41
10 Yard Dumpster Service - Recycle Materials	07/29/26	457064	1.00	51.26
Ticket Total				51.26
8 Yard Dumpster Service	08/04/26	475407	1.00	28.41
Ticket Total				28.41
8 Yard Dumpster Service	08/11/26	494412	1.00	28.41
Ticket Total				28.41
8 Yard Dumpster Service	08/13/26	500248	1.00	28.41
Ticket Total				28.41
8 Yard Dumpster Service	08/14/26	504609	1.00	28.41
Ticket Total				28.41
8 Yard Dumpster Service	08/17/26	508304	1.00	28.41
Ticket Total				28.41
Total Charges for Service Location				250.13



DETAILS OF SERVICE - continued

Details for Service Location:

Customer ID:

Lehigh Area Sd Elem Ctr, 3 Indian Ln, Lehigh PA 18235-1700

102620-411-000-10-200-000-074

Description	Date	Ticket	Quantity	Amount
8 Yard Dumpster Service	07/21/26	433870	1.00	37.94
Ticket Total				37.94
8 Yard Dumpster Service	07/28/26	454439	1.00	37.94
Ticket Total				37.94
10 Yard Dumpster Service - Recycle Materials	07/29/26	457065	1.00	36.11
Ticket Total				36.11
8 Yard Dumpster Service	08/04/26	475405	1.00	37.94
Ticket Total				37.94
8 Yard Dumpster Service	08/11/26	494410	1.00	37.94
Ticket Total				37.94
8 Yard Dumpster Service	08/12/26	499732	1.00	37.94
Ticket Total				37.94
8 Yard Dumpster Service	08/13/26	500247	1.00	37.94
Ticket Total				37.94
8 Yard Dumpster Service	08/14/26	504611	1.00	37.94
Ticket Total				37.94
8 Yard Dumpster Service	08/17/26	508305	1.00	37.94
Ticket Total				37.94
Total Charges for Service Location				339.63
Total Current Charges				1,304.88

PAID
AUG 28 2026